

Rebecca Terry v. County of Milwaukee, et al.

17CV1112

Transcript of the Testimony of:

Carolyn Exum

March 19, 2018



1 IN THE UNITED STATES DISTRICT COURT

2 EASTERN DISTRICT OF WISCONSIN

3 REBECCA TERRY,

4 Plaintiff,

5 vs.

Case No. 17-CV-01112

6 COUNTY OF MILWAUKEE, et al.,

7 Defendants.

9
10 **CONTAINS CONFIDENTIAL PORTIONS**

11 Deposition of CAROLYN EXUM

12 March 19, 2018

13 10:00 a.m.

14 at

15 Hinshaw & Culbertson LLP
16 100 East Wisconsin Avenue
Milwaukee, Wisconsin

17 Reported by Carla J. Van Roo, RPR, CRR

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Deposition of CAROLYN EXUM, a witness in
the above-entitled action, at the instance of the
Plaintiff, pursuant to the rules of Federal
Procedure, before Carla J. Van Roo, Registered
Professional Reporter and Certified Realtime
Reporter, in and for the State of Wisconsin, at the
aforementioned location noted on previous page, held
on March 19, 2018, commencing at 10:00 a.m. and
concluding at 3:47 p.m.

A P P E A R A N C E S:

LOEJVY & LOEJVY
MS. THERESA KLEINHAUS
311 North Aberdeen, Third Floor
Chicago, Illinois, 60607
Appeared on behalf of the Plaintiffs

LEIB KNOTT GAYNOR, LLC, by
MR. DOUGLAS KNOTT and
MR. RANDAL N. ARNOLD
219 North Milwaukee Street, Suite 710
Milwaukee, Wisconsin, 53202
Appeared on behalf of the County of
Milwaukee

HINSHAW & CULBERTSON LLP, by
MR. MICHAEL RUSSART
100 East Wisconsin Avenue, Suite 2600
Milwaukee, Wisconsin, 53202
Appeared on behalf of Armor Correctional

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CONFIDENTIAL TESTIMONY

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1 TRANSCRIPT OF PROCEEDINGS
 2 CAROLYN EXUM, called as a witness herein,
 3 having been first duly sworn on oath, was examined
 4 and testified as follows:

EXAMINATION

BY MS. KLEINHAUS:

Q Good morning, Ms. Exum.

A Good morning.

Q As I told you before, we're on the record, my name is Theresa Kleinhaus. I'm the attorney for the plaintiff, Rebecca Terry.

Before we get started, why don't we do the appearances by counsel on the record.

MR. KNOTT: I'm Doug Knott, and I'm represent the Milwaukee County defendants.

MR. RUSSART: And I'm Mike Russart, and I represent Armor.

MR. ARNOLD: I'm Randal Arnold, and I represent the witness, affiliated with Mr. Knott's office.

MS. KLEINHAUS: Do you have an appearance on file already?

MR. ARNOLD: I might not.

MS. KLEINHAUS: Okay. Do you represent her in any different capacity than Mr. Knott?

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MR. ARNOLD: No.

MS. KLEINHAUS: Do you represent the other Milwaukee County defendants as well?

MR. ARNOLD: Yes.

MS. KLEINHAUS: Okay. That includes the individual defendants as well as the County; right?

MR. ARNOLD: It does.

MS. KLEINHAUS: Okay, great.

BY MS. KLEINHAUS:

Q Ms. Exum, have you been deposed before?

A Have I been what?

Q Have you done a deposition like this before ever?

A No.

Q Okay. Have you ever testified under oath in a court proceeding at all?

A Yes.

Q And on how many occasions have you done that?

A Probably twice.

Q Okay. And we will get to that a little bit later on.

But for purposes of today's deposition, if you answer one of my questions, I will assume that you understood it; is that fair?

A That's fair.

Q Do you have any medical conditions or are you on any medication right now that would make it difficult for

you to answer my questions?

A Like what?

Q Well, do you have anything that would impair your memory or your ability to give accurate information?

A No.

Q Okay. What did you do to prepare for today's deposition?

A To prepare? I was called -- I received a letter, and then I was called to meet with the attorney so he could get my side of the story --

Q Okay.

A -- of what I remember.

Q Was that Mr. Knott?

A Yes.

Q Was anyone else present when you met with Mr. Knott?

A No.

Q And how many times did you meet with him?

A Once.

Q And when was that?

A I forgot the date. Was it --

MR. KNOTT: Just to the best of your memory.

THE WITNESS: The best of my memory, I would say it was not last Thursday, the Thursday before.

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BY MS. KLEINHAUS:

Q Okay. And had you ever met Mr. Knott prior to that?

A No.

MR. KNOTT: Object --

THE WITNESS: Oh, it wasn't that Thursday?

MR. KNOTT: Object -- no.

You can ask about her preparation for deposition. You're not entitled to ask about other meetings or how we work together outside the context of preparation for a deposition. So I instruct the witness not to answer.

MS. KLEINHAUS: Okay. We will certify that one.

BY MS. KLEINHAUS:

Q Ms. Exum, what is -- are you working right now?

A Yes.

Q Who is your current employment?

A RN supervisor at Rivershore Comprehensive Treatment Center.

Q Can you say the name of it again?

A Rivershore Comprehensive Treatment Center.

Q And what type of care does Rivershore Comprehensive Treatment Center provide?

A It's a Methadone outpatient program.

Q You said Methadone?

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- 1 A Uh-huh.
- 2 Q How long have you been the RN supervisor at
3 Rivershore?
- 4 A One year.
- 5 Q And what did you do prior to that?
- 6 A I was in Mississippi, and I worked at an inpatient
7 hospice facility.
- 8 Q And what was the name of that facility?
- 9 A North Delta Hospice.
- 10 Q North Delta?
- 11 A Uh-huh.
- 12 Q Where is that located?
- 13 A It's in South Haven, Mississippi.
- 14 Q How long did you work at North Delta?
- 15 A It was from April of '15 until January of '17.
- 16 Q Okay. And what was your position immediately prior
17 to your position at North Delta?
- 18 A Prior to North Delta, I was at Milwaukee County Jail.
- 19 Q Okay. And obviously we will be talking about that a
20 lot. What caused you to move to Mississippi?
- 21 A Because my mom needed help.
- 22 Q What is the highest level of education that you have?
- 23 A Associate's degree.
- 24 Q And where did you receive that?
- 25 A MATC.

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Page 11

- 1 Q When was that?
- 2 A I graduated June of 2000.
- 3 Q Where did you study nursing?
- 4 A MATC.
- 5 Q And is that where you got your RN?
- 6 A Yes.
- 7 Q And that was in 2000?
- 8 A Uh-huh, yes.
- 9 Q What year did you begin working at Milwaukee County
10 Jail?
- 11 A 2005.
- 12 Q Okay. And why don't you take me through the work
13 that you did between 2000 and 2005.
- 14 A I did -- I did some dialysis for about 10 months. I
15 did nursing home supervision and management for a
16 couple years. I did some agency pool work. I think
17 I floated in almost every hospital in the city of
18 Milwaukee.
- 19 Q Tell me how you obtained the position with Milwaukee
20 County Jail. Did you have to make an application?
- 21 A Yes, ma'am.
- 22 Q And why were you interested in that position?
- 23 A Why did I come to the jail? Because I was doing
24 management in a nursing home and I was getting kind
25 of burnt out, because never enough staff so I was

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1 Q I'm sorry, if you can make sure you answer yes or no,
 2 it's easier for her to take down.

3 A Yes. Yes.

4 MR. KNOTT: I'm not sure what you're
 5 telling her, but obviously her answers don't have to
 6 be yes or no. I --

7 MS. KLEINHAUS: She said "uh-huh," so I was
 8 just helping the court reporter.

9 MR. KNOTT: Try to make sure that you
 10 answer out loud as opposed to shaking your head or
 11 that sort of thing.

12 BY MS. KLEINHAUS:

13 Q The second case that you mentioned you said was a
 14 mental health intake; is that right?

15 A Yes.

16 Q And what was the issue or controversy in that matter?

17 A The patient had some obvious mental health issues,
 18 and I asked the officers to take him to mental health
 19 to get cleared. And because I was the one that
 20 refused him and asked him to go get cleared, the day
 21 of his court case I had to come out in case he
 22 decided not to do voluntary, because then they were
 23 going to do Chapter 51 or something. I don't know,
 24 whatever it's called.

25 Q Okay. So it had to do with an involuntary

Page 13

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1 commitment?

2 A Yes.

3 Q When you first began working at Milwaukee County
 4 Jail, were you an employee of Milwaukee County?

5 A No.

6 Q Okay.

7 A Oh, yeah, I was. Yeah, we were County in '05 when I
 8 first started.

9 Q Were you provided with any orientation or training
 10 when you began working at Milwaukee County Jail?

11 A Yes.

12 Q What did that consist of?

13 A Probably charting systems, how they charted, how they
 14 did their med pass, how they did intake. It was like
 15 six or eight weeks of training. So I spent a week
 16 like in each area. The RNs did charge desk, which is
 17 the clinic, so you spend a week in the clinic. You
 18 do intake. You spend a week to ten days in intake.
 19 You do infirmary. You spend a week there. You do
 20 med pass if there is not enough LPNs, so you do a
 21 week with the med pass nurse.

22 You spend about a week with the charting
 23 and the educator with learning different infectious
 24 diseases and what to do and different things and what
 25 do you report and what do you not. What do you have

1 to report as far as calling the doctor immediately
 2 versus putting in just a pink slip.

3 Q And what is a pink slip?

4 A A pink slip is something that the patients fill out
 5 if they want to see the doctor.

6 Q Could it also be called a sick call slip? Is that
 7 the same thing?

8 A Yeah, that's the same thing.

9 Q Okay. What items were you -- or what types of
 10 conditions were you taught required calling the
 11 doctor immediately?

12 A Anything that's life threatening. Different medical
 13 situations. I mean, you know, if someone is having a
 14 seizure, you're going to call. If you come across
 15 someone that hung himself, you're going to call. If
 16 you come across somebody that you suspect is in
 17 labor, you're going to call. If you come across
 18 somebody that would warrant being seen that night
 19 versus the next morning.

20 Q And when you first began working at the jail in 2005,
 21 what shift were you working?

22 A Day shift.

23 Q Okay. What is day shift -- or what was day shift, I
 24 suppose, at that time?

25 A I think it was 6:45 to 3:15.

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1 THE WITNESS: I need to know, do you want
 2 to know like all the staff or how many nurses worked
 3 my shift? What --

4 BY MS. KLEINHAUS:

5 Q Everybody. Let's start with everybody. Was it more
 6 than twenty or less than twenty?

7 A It was --

8 MR. KNOTT: That doesn't clarify the
 9 question. I object, it's vague.

10 BY MS. KLEINHAUS:

11 Q Please answer the question.

12 A More than twenty.

13 Q And who was your supervisor when you began working at
 14 Milwaukee County Jail?

15 A That's going to be -- I cannot think of her name.

16 Q Okay. Do you recall who the director of nursing was
 17 at the time that you --

18 A Monica Pope-Wright.

19 Q Who was it who actually hired you and offered you the
 20 job as an RN?

21 A Monica Pope-Wright.

22 Q Okay. So looking at six to eight weeks of training
 23 at the start of your position at Milwaukee County
 24 Jail, what was your first position there? What were
 25 you assigned to do?

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1 A After the training was over with?

2 Q Yes, ma'am. And maybe I can back up. Did it change
 3 every shift, or did you have one regular set of
 4 responsibilities that you did every shift?

5 A It changed depending on where you worked. If I was
 6 at the desk in the clinic doing charge, that was
 7 totally different than what I would do if I was in
 8 intake.

9 Q So how often would it shift between -- just as an
 10 example, being at the charge desk versus intake.
 11 Every shift? Or would you be assigned to one every
 12 week or two weeks? How would that work?

13 A I don't think it was a set rule on it. The
 14 supervisors would plug us in.

15 Q So sometimes you might be in the same role for
 16 several weeks at a time?

17 A They try not to do that. They try to have us rotate
 18 depending on what staffing looked like. We would try
 19 to rotate at least once a week.

20 Q Okay.

21 A The goal was for us to have one assignment for a
 22 week.

23 Q Okay. How many nurses were assigned per shift?

24 A What shift?

25 Q You told me you started out working the first shift

1 or morning shift.

2 A Uh-huh, right.

3 Q How many nurses would be assigned to that shift?

4 MR. KNOTT: Objection; foundation, and it's
 5 vague.

6 BY MS. KLEINHAUS:

7 Q Go ahead.

8 A We would have four floors, so that's a nurse per
 9 floor. Then we would have two or three nurses in
 10 intake, one or two nurses doing sick call, and one
 11 nurse for SMU. Did I say the clinic? One for the
 12 clinic. And then there was nurse for the special
 13 needs area.

14 Q And is special needs different than SMU?

15 A Yes.

16 Q And is SMU the same as infirmary?

17 A Yes.

18 MR. RUSSART: Objection; foundation.

19 MR. KNOTT: Foundation, vague as to time.

20 BY MS. KLEINHAUS:

21 Q Okay. In 2005 when you first started working at
 22 Milwaukee County Jail, was the special medical unit
 23 the same as the infirmary?

24 MR. RUSSART: Objection; foundation, vague.

25 MR. KNOTT: Join.

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1 and shots and stuff like that.

2 Q And was there someone assigned to that role during
3 the night shift?

4 MR. RUSSART: Objection; vague.

5 THE WITNESS: At nighttime there is no
6 doctors there, so the clinic basically is closed.

7 BY MS. KLEINHAUS:

8 Q So then there wouldn't be a charge nurse during that
9 time frame?

10 MR. KNOTT: Vague.

11 THE WITNESS: No.

12 BY MS. KLEINHAUS:

13 Q When you were first trained at Milwaukee County Jail
14 during that first six- or eight-week training when
15 you started, what were you -- were you trained about
16 the role of the screening or booking nurse?

17 A Yes, that was intake. When I said we spent a week in
18 intake, the booking nurse is intake. They are the
19 same.

20 Q And what are the duties of the or what were the
21 duties of the intake nurse when you were first
22 starting at Milwaukee County Jail?

23 A We did assessments on everybody that came in the door
24 to make sure they were safe to come into the jail.

25 Q And what do you mean "make sure they were safe to

Page 21

Page 23

1 come in"?

2 A That there was no injuries. There was no reason for
3 us not to accept the person based on their medical.

4 Q Okay. During your time at Milwaukee County Jail, so
5 spanning from when you started until you left in
6 2015, were there any changes in the duties assigned
7 to that intake nurse role?

8 A No.

9 MR. RUSSART: Foundation.

10 BY MS. KLEINHAUS:

11 Q Was there any reason when you came back from
12 Mississippi that you didn't try to go back to working
13 at Milwaukee County Jail?

14 A No.

15 Q Did you ever apply after you returned from
16 Mississippi?

17 A No.

18 Q At any point were you an employee of Armor
19 Correctional Health Services?

20 A Yes.

21 Q When did that happen?

22 A I think they switched over -- they switched the
23 County employees over to Armor I think -- I want to
24 say it may have been 2014 or '13.

25 Q And how did you first learn that County employees

1 were going to become Armor employees?

2 A They had a meeting and told us.

3 Q Okay. And then from the time that that took effect
4 in either 2013 or 2014, did you remain an Armor
5 employee until -- until you left the Milwaukee area
6 in 2015?

7 A Yes.

8 Q When Armor took over healthcare at the jail, did your
9 supervisor change?

10 A I think it did. I think the County supervisor
11 retired.

12 Q And I will represent to you that I believe Armor
13 started its contract with the jail in May of 2013.
14 Do you know who was your supervisor for the remainder
15 of 2013? So May 2013 until the end of that year.

16 A There were other county supervisors who I think were
17 picking up for the day shift full time when they
18 retire, so it was different ones.

19 Q What about in the early part of -- I'm sorry, strike
20 that, please.

21 Do you remember any of your supervisors
22 from 2014?

23 A Felicia Jackson, Margaret Hoover. That's about it.
24 That's all I remember. Those are the only two names
25 that I remember.

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1 Q The first name that you said, was that Felicia
2 Jackson?

3 A Uh-huh.

4 Q And would Ms. Jackson and Ms. Hoover be a supervisor
5 for you for one shift, or were they supervisors over
6 longer periods of time than that?

7 A They did one shift at first. Then I think towards
8 the end of my stay they had switched the supervisors
9 to 12-hour shifts, I think.

10 Q After Armor took over healthcare at the jail, did you
11 ever have any evaluations of your job performance?

12 MR. RUSSART: Could you repeat the
13 question, please?

14 (Requested portion of record read by the
15 reporter.)

16 MR. RUSSART: Vague.

17 THE WITNESS: I'm going to say no.

18 BY MS. KLEINHAUS:

19 Q And before Armor took over healthcare at the jail,
20 did you ever have any evaluations of your job
21 performance?

22 A No.

23 Q Did anyone ever, whether they called it a job
24 evaluation or not, go over expectations of the job
25 and whether you were meeting those expectations?

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1 A Your supervisor would. Like if there was an issue,
 2 then the supervisor would go over it with you.
 3 Q And when you say if there was an issue, meaning if
 4 something didn't go the way they wanted it to go,
 5 they may go over it with you; is that right?
 6 A Yes.
 7 Q Was there ever any kind of formal process, you know,
 8 either annually or quarterly where they would go over
 9 areas of job responsibilities with you and tell you
 10 how you were doing in those areas?
 11 A Only if an issue came up.
 12 Q You described earlier that you would be rotated --
 13 when you first started at Milwaukee County Jail in
 14 2005 you would be rotated through different
 15 positions. For example, intake or charge.
 16 Did that remain the same for the remainder
 17 of your time working at the jail?
 18 A Yes.
 19 Q Did you ever receive any kind of promotion or
 20 demotion during your time working at the jail?
 21 A No.
 22 Q Were you ever given any sort of merit raise while you
 23 were working at the jail? Meaning a raise that
 24 wasn't cost of living increase.
 25 A No, they were all cost of living.

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1 Q Okay. I want to talk to you a little bit about the
 2 infirmity or SMU area. If I refer to it as "SMU," do
 3 you know what I'm talking about?
 4 A Yes.
 5 Q Okay. Where is the SMU located within Milwaukee
 6 County Jail?
 7 A There is a clinic area here, and the area you're
 8 talking about would be straight across from it.
 9 Q So it's on the same floor as the clinic; is that
 10 right?
 11 A Yes, uh-huh.
 12 Q And when you first began working at the jail in 2005,
 13 was a nurse ever assigned to work inside that SMU
 14 area?
 15 A No.
 16 Q At any point during the time that you worked at
 17 Milwaukee County Jail, was a nurse ever assigned to
 18 work inside the SMU?

19 MR. KNOTT: I object to the form of the
 20 question, but you can answer.
 21 THE WITNESS: I think it was, but I'm not
 22 sure when. So yes, there was a time when there was a
 23 nurse assigned specifically to that area for first
 24 and second shift, but I'm not sure what part of my
 25 time there that happened.

1 BY MS. KLEINHAUS:
 2 Q Okay. And I apologize if I asked you this already,
 3 but can you tell me the hours for second shift?
 4 A Second shift was 2:45 or 2:30 to 11:00, 11:15.
 5 Q And then how about the third shift?
 6 A There was always a half an hour overlap, so nights
 7 would have been 10:30, 10:45 to 7:15.
 8 Q During that overlap at the end and beginning of a
 9 shift, what did you have to do during that time
 10 period?
 11 A Report off to the next nurse that was taking over the
 12 assignment you had. Count the narcotics in your
 13 area.
 14 Q Anything else?
 15 A That's it.
 16 Q During the time that you worked at Milwaukee County
 17 Jail, was there ever a nurse whose job duties were
 18 during third shift to attend to the infirmary or to
 19 be the infirmary nurse during the third shift?
 20 A I mean, I don't know if someone actually sat in there
 21 on third shift or if -- I mean, every night there had
 22 to be someone cover the area, because you could have
 23 problems in there. But I couldn't say -- I was not a
 24 night shift worker, so I couldn't say actually what
 25 all the assignments were.

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- 1 Q When you say there is a medical room in there, you
2 mean there is a small medical room within the SMU?
3 A Right, with the -- a little bed thing in there for
4 the patients to get on for us to do treatments and
5 stuff.
6 Q Did you -- were you assigned to the role of infirmary
7 or SMU nurse during the 2013/2014 period?
8 A Yes.

9 Q And to your knowledge, did the duties or
10 responsibilities of that role change at all during
11 the time that you worked for Milwaukee -- or worked
12 at Milwaukee County Jail? So from 2005 until 2015,
13 did the duties of the infirmary nurse change?

14 MR. RUSSART: Foundation, vague. Go ahead
15 and answer.

16 THE WITNESS: No.

17 BY MS. KLEINHAUS:

18 Q During the occasions that you worked as the infirmary
19 nurse, you said sometimes that person would be in the
20 medical room in the SMU. Would you remain in that
21 room throughout the entire shift or just go in there
22 to do the treatments?

23 A It kind of depends on what your assignment was and
24 what the staffing was for that day, that shift.

25 Q Okay. Tell me what you mean by it depends on what

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- 1 your assignment was.
2 A If there was enough staff, then yes, the nurse would
3 stay in the SMU.
4 Q And for first shift, I think you described for me
5 earlier all the nursing roles on the first shift.
6 A Uh-huh.
7 Q I'm sorry that I don't have that count in my mind.
8 That would be somewhere around eight nurses
9 assigned to the first shift; is that about right?
10 MR. KNOTT: Foundation, it's vague.
11 MR. RUSSART: Object to the form.
12 THE WITNESS: No.

13 BY MS. KLEINHAUS:

- 14 Q About -- I'm sorry, strike that, please.
15 How many nurses would be a fully staffed
16 first shift?
17 MR. RUSSART: Foundation.
18 MR. KNOTT: Foundation.

19 BY MS. KLEINHAUS:

- 20 Q Go ahead.
21 MR. KNOTT: What period of time are we
22 talking about?

23 BY MS. KLEINHAUS:

- 24 Q Go ahead.
25 MR. RUSSART: Object to the form.

- 1 MS. KLEINHAUS: You have already objected.
2 BY MS. KLEINHAUS:
3 Q Why don't you go ahead and answer.
4 A I thought he asked you a question, though.
5 Q So they are entitled to object. They are not
6 actually entitled to ask me questions. So I'm going
7 to ask questions and you're going to answer it. If
8 you don't understand the question, just let me know
9 and I can explain; okay?

- 10 A Okay.
11 MR. KNOTT: Just so you understand, Ms.
12 Kleinhaus, that sort of thing is just asking if you
13 would like to clarify, and if it's not, then it's an
14 objection, so I mean no offense by asking you a
15 question.

16 BY MS. KLEINHAUS:

- 17 Q Okay. So the question is: What is a fully staffed
18 first shift? And if that changed over the time that
19 you were working at Milwaukee County Jail, just tell
20 me that and I will break it down by era. But in --
21 I'm just going to start generally, during the 10
22 years you were there, what would a fully staffed
23 first shift have been?

24 MR. RUSSART: Objection; foundation.

25 THE WITNESS: Ten to eleven.

1 BY MS. KLEINHAUS:

- 2 Q Ten to eleven. Did that change at any point during
3 your time working there or was that consistent?

4 MR. RUSSART: Objection; foundation.

5 THE WITNESS: Consistent.

6 BY MS. KLEINHAUS:

- 7 Q Okay. Moving on to the second shift, what would a
8 fully staffed second shift have been?

9 MR. RUSSART: Objection; foundation.

10 MR. KNOTT: Join.

- 11 THE WITNESS: Second shift was about eight
12 to ten.

13 BY MS. KLEINHAUS:

- 14 Q Okay. And did that remain consistent during your
15 time that you were --

16 A Yes.

17 Q -- working there?

- 18 And moving on to the third shift, what was
19 a fully staffed third shift?

20 MR. RUSSART: Objection; foundation.

21 MR. KNOTT: Join.

22 THE WITNESS: Three to five.

23 BY MS. KLEINHAUS:

- 24 Q And did that remain consistent during your time
25 working there?

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Page 34

- 1 A Yes.
- 2 Q Okay. You mentioned earlier that if it was a fully
3 staffed shift, then the infirmary nurse could remain
4 potentially in that medical room in the infirmary.
5 If it wasn't a fully staffed shift, where would that
6 person be?
- 7 A Clinic.
- 8 Q And why is that?
- 9 A Because it's right across from there.
- 10 Q And could the infirmary nurse be in the clinic on the
11 third shift?
- 12 A Yes.
- 13 Q Okay. And I'm sorry if I just don't have the basis
14 for this, but the clinic isn't open during the third
15 shift; correct?
- 16 A No.
- 17 Q I'm sorry, let me ask it better. Is the clinic open
18 during the third shift?
- 19 A I guess -- it's not open per se. We don't have
20 doctors working in the clinic at nighttime. But at
21 any time when there is someone upstairs that needs to
22 be brought down to the clinic for us to observe, then
23 it's open.
- 24 Q I see.
- 25 A If someone needs an IV infusion, they can't stay on

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Page 35

- 1 the floor, so they would come to the clinic area.
- 2 Q I see.
- 3 A And the SMU, or infirmary nurse, there was no
4 computer working in there. So if she did her
5 assessment, she would have to come out at some point
6 to chart.
- 7 Q And she would chart in the clinic?
- 8 A Yes.
- 9 Q Got it.
- 10 What were the duties of the infirmary or
11 SMU nurse? What was she supposed to be doing?
- 12 A What shift?
- 13 Q Let's start with third shift.
- 14 MR. KNOTT: I'm sorry, what --
- 15 MS. KLEINHAUS: Would you like me to repeat
16 that?
- 17 MR. KNOTT: Yes, please.
- 18 BY MS. KLEINHAUS:
- 19 Q The question is: The duties of the infirmary nurse
20 during the third shift.
- 21 MR. KNOTT: Object to the form.
- 22 THE WITNESS: The third shift nurse, or all
23 the nurses -- all the shift nurses would do an
24 assessment at the beginning of their shift. Check
25 the med book and treatment book to make sure there is
- 1 no meds or treatment due for that shift.
- 2 BY MS. KLEINHAUS:
- 3 Q What else?
- 4 A Assess all the new people and get patients out of
5 there that didn't need to be in there, send them back
6 upstairs, call the doctor and get orders for someone
7 who was stable enough to go upstairs.
- 8 Q And the SMU area is a housing area with cells in it;
9 right?
- 10 A Yes.
- 11 Q About how many cells are there?
- 12 A I think it was eleven.
- 13 Q Are those sort of in like a semicircle?
- 14 A Yes.
- 15 Q Okay. Did the infirmary nurse have any
16 responsibility to do rounds through that semicircle
17 to check on patients?
- 18 MR. KNOTT: Foundation.
- 19 MR. RUSSART: Form.
- 20 THE WITNESS: Each shift, the nurse would
21 check the patients at the beginning to see what they
22 needed for that shift. And if there was someone that
23 needed to be watched more often, then that would be
24 her responsibility to do that.
- 25

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1 assessments you need to go out at some point to do
 2 charting.
 3 BY MS. KLEINHAUS:
 4 Q Okay. So there wasn't a desk for the infirmary nurse
 5 inside the SMU; is that right?
 6 A No.
 7 Q How could -- if I say "inmate" or "patient," you know
 8 I'm talking about the same person?
 9 A Yes.
 10 Q If a patient needed to let the infirmary nurse know
 11 that he needed care, how could he do that? What are
 12 the methods for communicating to the infirmary nurse?
 13 A Through the correctional officer.
 14 Q How would a patient do that?
 15 A They had call lights in the cells, and the officer
 16 would answer the call light. And if they said they
 17 needed medical, they would call the clinic and tell
 18 us.
 19 Q Can you describe a call light for me?
 20 A A call light is a little button, it has a light on
 21 the door. They push the button, the light shows up.
 22 The officer picks up the intercom and asks them what
 23 their need is.
 24 Q I'm sorry, are you -- is that complete?
 25 A Yeah, uh-huh.

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1 Q How does the correctional officer communicate to the
 2 infirmary nurse?
 3 A By telephone.
 4 Q And where can he call her at?
 5 A The clinic. He can call the charge nurse at the
 6 clinic, and then she'll -- if the nurse that is
 7 working over there is out doing something else, he
 8 can call her. The clinic nurse can call her by
 9 radio.
 10 Q Are all the nurses on a particular shift equipped
 11 with radios?
 12 A Equipped with what?
 13 Q Radios.
 14 A Yes.
 15 Q And are they on the same channel or different channel
 16 than the correctional staff?
 17 A I think they were on separate channels, but I'm not
 18 sure.
 19 Q Do you recall whether you could hear correctional
 20 staff communicating with one another on your radio?
 21 A At times, but not always.
 22 Q Was there any requirement during the time that you
 23 worked at Milwaukee County Jail that the charge nurse
 24 be like a more experienced nurse or a supervising
 25 nurse?

1 A No, because the charge nurse wasn't a supervisor.
 2 Q Okay.
 3 A There was a supervisor on every shift, so no.
 4 Q Okay. Where was the supervisor located?
 5 A Across from the charge desk.
 6 Q And is that an office or a desk or --
 7 A It's an office.
 8 Q And you said earlier if a correctional officer
 9 telephoned the clinic and the infirmary nurse wasn't
 10 there, then the charge nurse could reach the
 11 infirmary nurse?
 12 A Or she could go over there herself.
 13 Q Got it. Where would the infirmary nurse be besides
 14 the infirmary or the clinic. Where else could she
 15 be?
 16 A On another emergency.
 17 Q And is it fair to say that could be anywhere in the
 18 jail?
 19 A Yes.
 20 Q Or at least any housing unit in the jail?
 21 A Yes.
 22 Q You mentioned earlier there are fewer nurses assigned
 23 to the third shift than the first and second shift?
 24 A Yes.
 25 Q Why is that?

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- 1 MR. KNOTT: Join.
- 2 THE WITNESS: Call-ins are going to be
3 short.
- 4 BY MS. KLEINHAUS:
- 5 Q So if someone calls in sick or FMLA or something like
6 that, you're not going to have enough people; right?
- 7 MR. KNOTT: Foundation.
- 8 THE WITNESS: Yes.
- 9 BY MS. KLEINHAUS:
- 10 Q Okay. What about circumstances where there were not
11 enough nurses employed, there wasn't enough people to
12 assign. Did you ever come across that during the
13 time that you worked at Milwaukee County Jail?
- 14 A No.
- 15 Q Was it your experience that ten to eleven nurses on
16 the first shift was sufficient to meet all the
17 nursing needs at the jail?
- 18 MR. KNOTT: Foundation.
- 19 MR. RUSSART: Join.
- 20 THE WITNESS: Yes.
- 21 BY MS. KLEINHAUS:
- 22 Q And eight to ten on the second shift, was that
23 sufficient to meet the nursing needs?
- 24 MR. KNOTT: Same objection.
- 25 MR. RUSSART: Foundation.

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- 1 THE WITNESS: Yes.
- 2 BY MS. KLEINHAUS:
- 3 Q And what about three to five on the third shift. Was
4 that sufficient to meet -- I'm sorry, strike that,
5 please.
- 6 Yeah, three to five on the third shift, was
7 that sufficient to meet the nursing needs?
- 8 A Yes.
- 9 MR. RUSSART: Foundation.
- 10 BY MS. KLEINHAUS:
- 11 Q Did you ever work as the infirmary nurse on the third
12 shift?
- 13 A No.
- 14 Q Were you ever required to stay past the first shift
15 and work into the second shift because of short
16 staffing?
- 17 A Yes.
- 18 Q About how often would that happen?
- 19 A Maybe once a month, because we rotated, so ...
- 20 Q Were you ever required to work the third shift
21 because of short staffing?
- 22 A Yes.
- 23 Q Was that at about the same frequency, once a month?
- 24 A Yes.
- 25 Q During the initial orientation that you had at

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1 didn't get or something like that, how could they
 2 communicate that to the medical staff?
 3 A Sick call.
 4 Q And sick call could be a request for care or a slip
 5 saying they didn't get something they needed; is that
 6 fair to say?
 7 A Yes.
 8 Q Was there any grievance system in place related to
 9 medical care for medical -- grievances about medical
 10 care before Armor took over?
 11 A Yes.
 12 Q Can you describe what that system was for me?
 13 A Either the patient would do a sick call slip or
 14 either the lieutenant or sergeant would bring down a
 15 grievance form that they had filled out that goes to
 16 the supervisor. She looks into it, investigates it,
 17 and gives the person a response.
 18 Q When you say "the supervisor," you mean the nursing
 19 supervisor?
 20 A Yes, nursing supervisor.
 21 Q Okay. So at that time, was it the same grievance
 22 system for grievances about what the correctional
 23 staff was doing and what the medical care staff was
 24 doing?
 25 A Not about correctional. We didn't deal with

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1 correctional.
 2 Q Okay. Do you know if the system was the same for
 3 both?
 4 A Don't know.
 5 Q What about after Armor took over. Was there a system
 6 in place for grievances?
 7 A The same.
 8 Q Under the system before Armor took over, where were
 9 the grievances stored or kept?
 10 A With the supervisors -- the RN supervisors.
 11 Q And that would be in the office across from the
 12 charge desk?
 13 A Yes.
 14 Q Do you know how they were organized. Like by inmate
 15 or by complaint or --
 16 A No, I don't know.
 17 Q Okay. If I wanted to go look at grievances from a
 18 particular time period, for example, look at all the
 19 grievances about medical care in 2012, do you know
 20 where those were kept?
 21 A No.

MR. KNOTT: Foundation.

THE WITNESS: No.

BY MS. KLEINHAUS:

Q What about after Armor took over. Do you know where

1 the grievances are kept?
 2 MR. KNOTT: Foundation.
 3 THE WITNESS: No.
 4 BY MS. KLEINHAUS:
 5 Q Under either grievance system, before or after Armor,
 6 is there any electronic copy of the grievances?
 7 A I don't know.
 8 MR. KNOTT: We have been at it a little
 9 more than an hour. Can we take a break when you are
 10 in a transition?
 11 MS. KLEINHAUS: We can take a break. Let's
 12 go off the record.
 13 (Off the record.)
 14 BY MS. KLEINHAUS:
 15 Q Before the break, we were talking about grievances.
 16 Were you aware of any grievances about medical care
 17 that you provided or failed to provide for any inmate
 18 at Milwaukee County Jail?
 19 A Are you talking about grievances against me?
 20 Q Right.
 21 A Oh, yes.
 22 Q Okay. Tell me about the grievances you're aware of.
 23 MR. KNOTT: Just -- Ms. Exum, I just have
 24 to counsel you not to use any identifiers.
 25

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a job description for them or something. I don't

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1 know.
 2 Q Okay. The only job duties you're aware of is making
 3 assignments or dealing with personnel issues?
 4 A Right.
 5 Q Okay. What about the director of nursing's role.
 6 What was that person responsible for doing?
 7 A Man, she had a lot of roles, but I couldn't tell you
 8 exactly what they were.
 9 Q You said when you started it was Ms. Poke; is that
 10 right?
 11 A Uh-huh.
 12 Q Did that ever change during the time that you were
 13 there?
 14 A Yes.
 15 Q Who was the next person after that that you recall
 16 was the director of nursing?
 17 A Gina Strehlow. And there was one before Gina, but I
 18 don't know her name. I can't remember her name.
 19 Q Anybody after Strehlow that you recall?
 20 A No.
 21 Q At any time during your work at Milwaukee County
 22 Jail, did you -- were you aware of fluctuations in
 23 the number of inmates housed there? For example, a
 24 huge increase or a huge decrease in the number of
 25 inmates housed there?

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1 A We didn't really get that information. That was not
 2 privy to us. The supervisors may have known; but the
 3 staff nurses, that was not our information.
 4 Q How was information about the nursing policies
 5 communicated to you? Would there have been like a
 6 roll call at the beginning of your shift or memos?
 7 How would you receive information about how your
 8 employer expected the work to be completed?
 9 A Policies and procedures were in books and then they
 10 were on the computer too.
 11 Q Got it.

12 When you started at Milwaukee County Jail,
 13 were you given like an employee handbook?
 14 A Yes.
 15 Q Were you ever given anything like that by Armor?
 16 A Yes.
 17 Q Did you retain copies of either of those?
 18 A I think the Armor one was online. The County one was
 19 on paper.
 20 Q At any point during the time that you were working at
 21 Milwaukee County Jail, was there a nurse assigned to
 22 quality improvement?
 23 A Yes.
 24 Q And who was that?
 25 A When it was County, it was the educator who did the

1 quality improvement. And when it became Armor there
 2 was a specific nurse for that, and I cannot think of
 3 her name right now.
 4 Q Were you required to do anything to participate in
 5 any quality improvement initiatives?
 6 A Yeah, they would ask us our input.
 7 Q And what was the format for that? Would there be
 8 like a meeting or would they tell you to submit
 9 something in writing?
 10 A There was a meeting. They would assign a couple of
 11 nurses on each shift to bring input to the meeting.
 12 Q Were you ever assigned to go to one of those
 13 meetings?
 14 A No.
 15 Q Do you know if there's a written agenda for those
 16 meetings?
 17 A Not sure.
 18 Q What were the subjects that were covered for quality
 19 improvement? What areas were they working on
 20 improving?
 21 A Since I wasn't a part of those meetings, I can't
 22 really say.
 23 Q Were you ever aware of any kind of audit of medical
 24 records or files that was being done as part of
 25 quality improvement?

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1 Q Are you familiar with Wade Daley?
 2 A Yes.
 3 Q What was his role?
 4 A He was that person --
 5 Q Okay. The head Armor person?
 6 A Yeah, he was the Armor person.
 7 Q Was he --
 8 A I forgot their titles. I don't know what their title
 was.
 10 Q Sure. Was he located on site at Milwaukee County
 Jail?
 11 A Yes.
 13 Q Where was his office?
 14 A Next to the director of nursing.
 15 Q And as far as you know, was he there full time?
 16 A Yes.
 17 Q How many physicians were assigned at Milwaukee County
 Jail during the time that you worked there?
 19 A Can you clarify?
 20 Q Sure. I assume there are some physicians assigned to
 work at the jail or on call for the jail; is that
 correct?
 23 A Yes.
 24 Q How many physicians were either employed or on call?
 25 And if it changed during the time you were there,

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1 just let me know that and we will break it up by time
 2 period.
 3 A There was nurse practitioners who worked in the
 clinic area, and then there was also a doctor on site
 in the clinic area, and then there was always a
 doctor on call.
 7 Q So the doctor was on site in the clinic area during
 the first and -- during what periods of the day?
 9 A First shift and part of second.
 10 Q During the portions of the day where there was no
 physician on site and there was a physician on call,
 could any nurse call that physician, or was there an
 assigned person who was communicating with the
 physician?
 15 A Any RN could call.
 16 Q And during the 2014 period, what physicians were
 working at Milwaukee County Jail or on call for
 Milwaukee County Jail?
 19 A I don't know all their names. Dr. Buono was there.
 20 Q Okay. Anybody else?
 21 A There were some more, but I don't know their names.
 22 Q If you think of any, just let me know; okay?
 23 A Okay.
 24 Q Earlier you were discussing grievances. Do you know
 how inmates could obtain a grievance form?

1 A They either get it from the correctional officer or
 2 one of the sergeants or lieutenants.
 3 Q Did any of the nursing staff have them available to
 give to inmates?
 5 A No. If they asked us for a sick call slip, those
 were on the med carts. So if they said "I need a
 sick call slip because, you know, I need to write
 something down that happened," they would get those
 from the nurses, but actual grievance forms came from
 the officers.
 11 Q Okay. Where was the screening or booking nurse
 assigned within the jail? Again, for all these
 questions, if it changed over time, just let me know
 that and I will do it in smaller chunks; okay?
 15 A The intake or booking nurse?
 16 Q Right.
 17 A You were in booking, in intake.
 18 Q Can you describe for me physically what the setup is
 like in booking for where the medical staff are
 versus the correctional staff?
 21 A Booking is -- there is prebooking and general
 booking. Prebooking is a small area -- when the
 officers first bring them in, there is a bench on one
 side for males, a bench on the other side for
 females. There is also a bench in front of where we

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1 do that process? What is that process?
 2 A Vitals. All females did a urine for pregnancy.
 3 There was a small part of the assessment
 4 questionnaire that you would ask on that side just to
 5 make sure that they were safe to take in, and then
 6 the full assessment would be done on the other side.
 7 Q And how could the intake nurse access the assessment
 8 questionnaire? Was it on a computer or written out,
 9 hard copy?
 10 A We had a hard copy in writing, and we also have -- at
 11 the end it was in the computer.
 12 Q And what did that initial prebooking questionnaire
 13 assess? What was it looking at?
 14 A Were they suicidal or homicidal. Were they having
 15 hallucinations, audio/visual or tactile. Were
 16 they -- did they have an injury that wasn't treated,
 17 and if they was in pain.
 18 Q If a person had any of those characteristics, for
 19 example, an injury or in pain, what would happen
 20 next?
 21 A Call the doctor that's covering to see if they would
 22 accept them or not.
 23 Q So is it correct to say that the prebooking nurse
 24 doesn't -- can't decide on her own whether to accept
 25 or not?

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1 A Not unless it's -- no, she still has to call the
 2 doctor regardless. They make the final decision.
 3 Q If the doctor decides not to accept the patient or
 4 the inmate, what happens next?
 5 A You inform the officers that brought them in that
 6 they need to take them and get them cleared.
 7 Q And when you say "cleared," is that the same as
 8 medically cleared?
 9 A Yeah, it could be mental health.
 10 Q And what are the officers expected to do?
 11 A Take them to the hospital and get them cleared.
 12 Q Who decides what hospital the inmate's going to?
 13 A The officers or the ambulance.
 14 Q Does the prescreen nurse call the ambulance?
 15 A Yeah. If it's a 911 situation, yes, we do.
 16 Q What about a non-emergency?
 17 A A non-emergency, that would be the officer's
 18 decision. If they didn't want to transport them in
 19 the car, sometimes they would call an ambulance for
 20 them.
 21 Q Are the officers given any written information about
 22 the reason that medical clearance is necessary?
 23 A The officers aren't given any information, per se.
 24 We put information in an envelope for them to give to
 25 the hospital. We do send a report to the hospital.

1 and also call the hospital.
 2 Q And where -- how is that report generated? Is there
 3 a form in the computer?
 4 A Yes.
 5 Q What is that form called?
 6 A It's the preintake form. You fill it out and at the
 7 bottom of it you say accepted or not accepted. And
 8 if it's not accepted, then you have to fill in the
 9 vitals and why the person wasn't accepted and you
 10 print it off and send it to the hospital.
 11 Q Then that's placed in the envelope and given to the
 12 officer?
 13 A Yes.
 14 Q Is a copy given to the inmate or patient?
 15 A No.
 16 Q Is the inmate or patient told why he or she is being
 17 sent out to the hospital?
 18 A Yes.
 19 Q And the intake form that explains why a person is
 20 being accepted or not accepted is then retained in
 21 the database; is that right?
 22 A Yes.
 23 Q Okay. What documents or information, if any, are the
 24 officers expect to obtain at the hospital to bring
 25 back to the jail?

1 MR. KNOTT: Object to form, vague, overly
 2 broad.
 3 MR. RUSSART: And foundation.
 4 BY MS. KLEINHAUS:
 5 Q Go ahead.
 6 A We expect to get back a discharge summary, something
 7 that tells us what the hospital did, what they did or
 8 didn't do, and what they found and didn't find.
 9 Q Who's responsible for obtaining that at the hospital?
 10 A Usually the officers get it from the hospital.
 11 Q And is that information, the discharge summary from
 12 the hospital, put into the screening system somehow?
 13 A It is. I think at some point it did get scanned into
 14 the record. But when we're in prebook, we don't have
 15 no way of scanning it into the record. We just have
 16 it for calling the doctor. So when we call the
 17 doctor and say this person is back, we can explain to
 18 them what the hospital did or didn't do before they
 19 decide to keep them.
 20 Q Who is responsible for scanning in those discharge
 21 papers if the prescreen person can't do it because
 22 they don't have a scanner? Who does it?
 23 A Right, I don't know.
 24 Q Does the prescreen nurse have any conversation with
 25 the patient about what was done at the hospital?

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1 A Usually, yes.
 2 Q Is there any requirement that the prescreen nurse
 3 have a conversation with the patient about what
 4 happened at the hospital?
 5 A Yes.
 6 Q She is expected to do that; is that right?
 7 A Correct.
 8 Q What about conversation with the correctional officer
 9 or the deputy about what -- or whoever law
 10 enforcement about what happened at the hospital?

11 MR. KNOTT: Object; vague --

12 THE WITNESS: No.

13 MR. KNOTT: -- overly broad.

14 BY MS. KLEINHAUS:

15 Q Are there times when a pregnant inmate would not be
 16 medically cleared to enter the jail?

17 A What do you mean?

18 Q Would there be times when the prescreening nurse
 19 would send a pregnant inmate out to the hospital?

20 A Of course.

21 Q What are those circumstances -- strike that, please.

22 What was your training about when to send a
 23 pregnant inmate out to the hospital?

24 MR. RUSSART: Objection; vague.

25 THE WITNESS: If they are having active

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1 contractions. If they say they are having
 2 contractions, you can call the doctor and then it's
 3 up to the doctor to say yes, send them out, or keep
 4 them and watch them.

5 BY MS. KLEINHAUS:

6 Q Other than contractions or reports of contractions,
 7 are there any other circumstances when you were
 8 taught to call the doctor to see if the pregnant
 9 inmate should be sent out?

10 MR. KNOTT: Vague.

11 THE WITNESS: If someone is in distress,
 12 obvious distress, and after your assessment you think
 13 they are in distress, yes, you would call the doctor
 14 and say "this is what I found," and then the doctor
 15 would say: Keep them, watch them, or send them out.

16 BY MS. KLEINHAUS:

17 Q Got it.

18 So if I'm understanding correctly, either
 19 active contractions or reports of contractions or
 20 someone who after assessing them it's clear to you is
 21 in obvious distress?

22 A Correct.

23 Q Any other circumstances besides that?

24 A A pregnant person you're talking about?

25 Q Yes, ma'am.

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1 nurse practitioner. If you talk to a nurse
 2 practitioner, they make the decision or the doctor.
 3 Q Okay. And if the doctor or nurse practitioner
 4 decides that an inmate is going to the SMU, is that
 5 decision documented somewhere?

6 A Yeah.

7 Q Where is that?

8 A In your chart.

9 Q In the medical chart?

10 A Uh-huh.

11 Q Is the reason for a person being sent to SMU included
 12 as well?

13 A Usually, I would say.

14 Q And is it the responsibility of the booking nurse to
 15 include that information?

16 A Yes.

17 Q How would the infirmary nurse learn or find out why
 18 someone has been assigned to the infirmary?

19 A The booking nurse would call report to her.

20 Q Call who? I'm sorry.

21 A Call report either to her, or if she wasn't available
 22 they would give it to the supervisor.

23 Q Is there any kind of treatment plan created for
 24 someone who's entering the infirmary, like: Here is
 25 what we plan to do for this patient while they are at

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1 the infirmary?

2 A Yes.

3 Q Who's responsible for creating that treatment plan?

4 A The nurse practitioner or the doctor, whoever admits
 5 them.

6 Q And who's responsible for putting that information in
 7 the treatment plan into the medical chart?

8 A Whoever makes it out, the practitioner or the doctor.

9 Q Okay. Is someone responsible for telling the
 10 correctional officer in the infirmary the medical
 11 reason that someone is being placed in the infirmary?

12 A No.

13 Q Do you know how a correctional officer could find out
 14 if someone was placed in the infirmary?

15 A They can't. That's a HIPAA violation.

16 Q So hypothetically if there was someone placed in the
 17 infirmary, for example, because they recently had a
 18 seizure, is it fair to say no one tells the
 19 correctional officer that that's why that person is
 20 there?

21 MR. KNOTT: Incomplete hypothetical, vague.

22 THE WITNESS: If that person had a seizure,
 23 the officer would know because the officer is -- who
 24 seen them have the seizure is going to inform medical
 25 staff that the patient had a seizure.

1 So in that case, the officer in that area,
 2 in the infirmary, would know that that person had a
 3 seizure because this was witnessed by officers before
 4 it was witnessed by nurses. So that's different than
 5 saying I got put in SMU because I had a gunshot wound
 6 or whatever. That's not information that's privy to
 7 everybody.

8 BY MS. KLEINHAUS:

9 Q Okay. And just so I make sure I understand, moving
 10 away from a situation where the officer sees it
 11 happen, like let's say you're the screening nurse and
 12 someone has a seizure in front of you. They get sent
 13 to the hospital, they come back. Does anyone tell
 14 the officer: Hey, this guy had a seizure an hour ago
 15 right in front of me?

16 A Officers tell each other, because they're going to
 17 see it.

18 Q Okay.

19 A If someone has a seizure in prebook, there is an
 20 officer in the tower, there is an officer floating
 21 around in prebook. If they have it in general
 22 booking, that room is full of officers.

23 Q What about, for example, someone who's placed in SMU
 24 because they are going through withdrawal. Would any
 25 medical staff inform the officer: This person is

1 here because they are going through withdrawal?

2 A They don't go to SMU because of withdrawals. They
 3 have to be really, really bad withdrawals for them to
 4 go to SMU. That's not where they standardly go.
 5 Standardly they go upstairs on a regular pod, lower
 6 bunk. Withdrawals do not qualify for SMU unless that
 7 person's number is so high.

8 Q Let's take the last example that you gave, someone
 9 going through an extreme withdrawal with a high
 10 number.

11 A Uh-huh.

12 Q Is any medical staff responsible for telling the
 13 correctional officer in the SMU: This person is in
 14 here for extreme withdrawal symptoms?

15 A Uh-uh, no.

16 Q What about if a woman is placed in the SMU because
 17 she is in labor. Is any -- anyone, medical staff or
 18 correctional staff, responsible for telling the CO
 19 that she is being placed there because she is in
 20 labor?

21 MR. RUSSART: Object to the form.

22 THE WITNESS: We don't put anybody in there
 23 in labor. That is not where they go if they're in
 24 labor.

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1 BY MS. KLEINHAUS:

2 Q Where do they go if they're in labor?

3 A If they're in labor, they go to the hospital.

4 Q Okay. And what if a pregnant woman is being placed
5 in the SMU because of complications in her pregnancy.
6 Does anyone inform the correctional officer that the
7 reason she is being placed there is complications in
8 her pregnancy?

9 MR. KNOTT: Form, hypothetical, vague.

10 MR. RUSSART: Join.

11 THE WITNESS: I don't know if that -- the
12 specific officer knows, is informed, by anyone. I
13 can't say.

14 BY MS. KLEINHAUS:

15 Q Were you ever told or trained that you're not
16 permitted to tell the correctional officer in SMU the
17 reason someone is in SMU?

18 A That would be a HIPAA violation.

19 Q Were you taught that, that that was a HIPAA
20 violation?

21 A Yeah.

22 Q If there was a medical condition that would impact
23 someone's behavior, let's say a medication or a
24 condition that would cause them to act out, for
25 example, or be manic or something like that, is that

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1 type of information something that you would have
2 been permitted to tell the correctional officer?

3 MR. RUSSART: Object to the form.

4 MR. KNOTT: Join.

5 THE WITNESS: They wouldn't be in SMU.

6 BY MS. KLEINHAUS:

7 Q Okay. Is there any medical information that could be
8 provided to the correctional officer in SMU?

9 A No, nothing that wouldn't violate their HIPAA. I
10 mean, officers do know some things about patients and
11 that's because they are at the hospital with the
12 patient, they're -- an injury occurred in booking so
13 they're aware of it, they were at the medical
14 emergency. They are aware of what happened at the
15 medical emergency, because they are there.

16 So there are times that they do know; but
17 that would be a violation for a nurse to say: Hey,
18 so and so in Room 10 is here because of this. That's
19 not an option.

20 Q Okay. And if there is a medical concern that would
21 require someone to be checked on frequently -- and
22 you know medicine and I don't, so choose whatever
23 medical condition would require someone to be checked
24 on frequently -- could the infirmary nurse ever say
25 to the correctional officer: Make sure you check on

1 the person in Cell 3 often, he or she has this

2 condition?

3 A No. Officers have their own time frame when they
4 check people. If it's -- if there is a medical
5 reason for that person to be checked, then it would
6 be a nurse coming over there checking him, not the
7 officer.

8 Q What's your understanding of what the -- you said a
9 nurse should be checking for a medical reason. What
10 is the correctional officer checking for in the SMU?

11 A I think they are just checking to make sure everybody
12 is alive and breathing when they do their rounds.

13 Q Do you know how often they do that in the SMU?

14 A No.

15 Q And I know you mentioned training on HIPAA. Aside
16 from that training on HIPAA, are you aware of any
17 policies that exist about communication between the
18 correctional officers and the medical staff?

19 MR. RUSSART: Vague.

20 THE WITNESS: Training? What do you mean
21 "training"?

22 BY MS. KLEINHAUS:

23 Q I'm just trying to find out if there are any policies
24 that explain to medical staff: Here is how you
25 should communicate with correctional officers, here

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1 is what you can communicate and can't communicate,
2 that type of thing.

3 A The HIPAA training tells you all of that, what you
4 can and can't say.

5 Q Okay. Anything else besides HIPAA in terms of
6 policies that you were taught?

7 A No.

8 Q If the infirmary nurse is doing some assessment or
9 providing some care in the infirmary, for example,
10 like taking vitals, where would that happen? Inside
11 the infirmary?

12 A Yes.

13 Q Okay. Would that be in the medical room that you
14 described?

15 A Yes, or in the patient's room.

16 Q Nurses can go in the cells in the SMU; right?

17 A Yes, uh-huh.

18 Q And how often is the infirmary nurse taking vitals in
19 the --

20 A Whatever the doctor orders.

21 Q And is that different from patient to patient?

22 A Yes.

23 Q How does the infirmary nurse receive information from
24 the screening or intake nurse?

25 A When you call report to her.

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- 1 Q What's the last word that you're saying?
 2 A Report.
 3 Q Report?
 4 A Yeah.
 5 Q When you call and report to her?
 6 A Yeah, call her and report what she is getting, what's
 7 wrong with the patient, and why they are coming to
 8 SMU.
 9 Q Okay. So when the intake nurse is sending someone
 10 out from booking into SMU, a phone call happens?
 11 A Yes.
 12 Q And is that information also written down somewhere?
 13 A On the report board.
 14 Q What's the report board?
 15 A That's how we communicate between shift to shift so
 16 that the next shift will know what patients went into
 17 SMU and what patients left and went back to a general
 18 pod.
 19 Q Where is the report board located?
 20 A In the -- for SMU it's with the SMU nurse. She keeps
 21 that with her.
 22 Q And is it like a physical board up on the wall?
 23 A No, it's a clipboard with a report sheet with each
 24 patient name that's in the SMU.
 25 Q And when a patient leaves SMU, where does their
- 1 2014 that you had with Rebecca Terry?
 2 A Yes.
 3 Q Are you familiar with Correctional Officer Wenzel?
 4 A Not familiar. I've heard the name.
 5 Q Okay. Do you have any memory of ever interacting
 6 with Officer Wenzel?
 7 A No, not really. I mean, at some point maybe, but I
 8 don't have it like in my memory like, yeah, this is
 9 him or her or whoever.
 10 Q Do you have a picture in your mind like you could
 11 recognize him, you know what he looks like?
 12 A No.
 13 Q Do you know anything about him?
 14 A No.
 15 Q What about Nurse Bevenue. Do you know who that is?
 16 A Yes.
 17 Q And how did you first come to know Nurse Bevenue?
 18 A At the county jail.
 19 Q And did she start there after you or before you?
 20 A After.
 21 Q Okay. Do you remember around when she started?
 22 A No.
 23 Q Did she work on the first shift with you often?
 24 A No, she was night shift.
 25 Q Were you friends with her at all socially outside of

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- 1 report sheet go?
 2 A It stays with the board. They just take the
 3 patient's name off if they are no longer in that room
 4 so they can get another person in there.
 5 Q Is an electronic copy of the report board maintained
 6 somewhere?
 7 A I don't think so.
 8 Q Okay.
 9 A Maybe it is, though. It might be.
 10 Q Is there a medical housing unit at Milwaukee County
 11 Jail separate -- that's different than the Special
 12 Medical Unit?
 13 A No.
 14 Q Are you familiar with my client, Rebecca Terry?
 15 A Yes.
 16 Q And today we're going to talk about events from March
 17 of 2014.
 18 Did you have any familiarity with her prior
 19 to March of 2014?
 20 A No.
 21 Q Okay. Have you, to your knowledge, seen her,
 22 interacted with her at all since March of 2014?
 23 A No.
 24 Q So to the best of your knowledge, all those
 25 interactions would have been on March 9th and 10th of
- 1 work?
 2 A No.
 3 Q Did you form any opinion about her abilities as a
 4 nurse?
 5 A No.
 6 Q What about Supervisor Hoover. When did you first get
 7 to know her?
 8 A County jail.
 9 Q And was she there before you started?
 10 A Yes.
 11 Q And did she supervise you on the first shift?
 12 A No.
 13 Q Was she ever your supervisor on your shift?
 14 A Night shift.
 15 Q Did you ever form an opinion either positive or
 16 negative about her abilities as a nurse?
 17 A No.
 18 Q Did you ever have any social relationship with her
 19 outside of work?
 20 A No.
 21 Q Okay. Turning your attention to the events of
 22 March 2014 when Rebecca Terry was at Milwaukee County
 23 Jail, what was your first encounter with Ms. Terry?
 24 A When she came back from the hospital.
 25 Q And what hospital was she coming back from?

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- 1 A That I don't know. I don't remember, I should say.
 2 I should say I don't remember.
 3 Q Tell me what happened when she came back from the
 4 hospital.
 5 A When she initially came back, she didn't have
 6 paperwork that we needed, the discharge paperwork,
 7 saying what they did and didn't do. She had a
 8 generic form that just said that she was discharged
 9 and she needed to follow up with her OB.
 10 Q And was that on March 10th of 2014?
 11 A Yeah, I guess so, because it was 1:00 o'clock in the
 12 morning, so yeah.
 13 Q And what shift were you assigned to work on the 10th?
 14 A I was -- I had picked up night shift.
 15 Q Why did you do that?
 16 A I think I just picked up some extra hours.
 17 Q Any reason -- any particular reason for doing that?
 18 A Uh-uh.
 19 Q Had you worked at the jail on March 10th?
 20 A That night?
 21 Q I'm sorry, excuse me. Had you worked at the jail on
 22 March 9th?
 23 A I don't remember if I was there second shift and
 24 third shift or if I was just there third shift.
 25 Q What was -- what was your assignment during that

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- 1 third shift? What was your role?
 2 A Booking, intake.
 3 Q And when you -- did you have some overlap with the
 4 nurse who had been working booking the shift before?
 5 A Yes.
 6 Q Who was that?
 7 A I think it was Margie Burton and someone else. I'm
 8 not sure who the other nurse was.
 9 Q Did you have any discussion with Margie Burton or the
 10 other nurse about inmates who had been sent out to
 11 the hospital?
 12 A Yes, report is done in that 30-minute overlap.
 13 Q Tell me what you mean by "report is done"?
- 14 A They tell us what happened on their shift, who they
 15 refused. They might say this patient got refused
 16 because of this reason, so they may be coming back.
 17 It's put on the report board in intake.
- 18 So it may say: John Jones got sent to the
 19 hospital for gunshot wound or Bob Smith got sent for
 20 mental clearance. It would be on the report board.
- 21 Q And tell me what information is included on the
 22 report board form.
- 23 A Why they went to the hospital, whatever doctor
 24 refused them and why, and if there were specific
 25 instructions about who to call when they got back for

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1 Q Does the screening nurse -- I'm sorry, strike that,
 2 please.
 3 I think you said this before, but the
 4 screening nurse has a computer available there in the
 5 prebook area; is that right?

6 A Yes. Yes.

7 Q Okay. And what did you do when Ms. Terry came
 8 back -- or I'm sorry, strike that, please.

9 Was she accompanied by anyone when she came
 10 back to the prebook area?

11 A There are always officers in the prebook.

12 Q Does the prebook nurse make any notes about what
 13 officers are with the patient?

14 A No.

15 Q What happened when she came back to the prebook area?

16 A I did a set of vitals. I asked her how she was
 17 feeling. Checked her abdomen, listened to her heart
 18 and her lungs. And her paperwork was not with her,
 19 so she stayed in prebook until I could call the
 20 doctor and the hospital and find out why they didn't
 21 send paperwork.

22 Q When you were checking her abdomen, what were you
 23 checking for?

24 A Contractions.

25 Q And did you detect contractions?

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1 A No.

2 Q Did you have conversation with Ms. Terry about what
 3 they did at the hospital? What the medical staff at
 4 the hospital did?

5 A Yes.

6 Q What did you learn from her?

7 A She said they put her on the machine, and then she
 8 said they told her she was in labor. That's what she
 9 said, they told her she was in labor. And I asked
 10 why did they send her back if she was in labor, and
 11 she said because they just sent her back.

12 Q Did you have any other conversation with Ms. Terry
 13 about what had happened at the hospital?

14 A No, because after that I called the doctor, and then
 15 the doctor had me call the hospital and have them fax
 16 over paperwork so we could know what they did and
 17 what they didn't do and what they found and what they
 18 didn't find.

19 Q Did you ask Ms. Terry how far she was dilated?

20 A I think I did, but I'm not sure. I think I waited to
 21 ask the hospital, because when she said they told her
 22 she was in labor, I knew the hospital would not have
 23 sent her back if she was in labor, so ...

24 Q How did you know that?

25 A Because that would be negligent.

1 Q Why would that be negligent?

2 A To send somebody out of the hospital when they're in
 3 labor?
 4 Q Right.
 5 A That baby could drop out at any point if she is in
 6 labor. I don't think a hospital would be negligent
 7 like that.

8 Q So other than Ms. Terry's report, is it fair to say
 9 you'd never heard of a hospital sending someone out
 10 because they weren't far enough along?

11 A They are not in labor. They're not actively
 12 laboring. If the hospital sends you home it's
 13 because you're not actively laboring. Either you're
 14 having Braxton-Hicks or you are in early stage labor.
 15 Q So you could be in early stage labor and get sent
 16 home; right?

17 MR. KNOTT: Object; form. Are we talking
 18 about a private patient or talking about a jail?

19 MR. RUSSART: Foundation.

20 MR. KNOTT: Vague. Overly broad.

21 BY MS. KLEINHAUS:

22 Q Okay. Do you understand the question? Do you want
 23 me to repeat it?

24 A I guess someone who is early stage labor could be
 25 sent home. Could they be sent back to the jail?

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1 before?

2 A No.

3 Q Okay. It was a female person?

4 A Yeah, it was a female.

5 Q Do you remember anything else about the person that
6 you talked to at the hospital?

7 A Other than she said that she had to get the discharge
8 summary after the doctor signed it and then they
9 would be faxing it over to us.

10 Q Was that unusual, in your experience, for a patient
11 to come back to the booking area without any
12 discharge information?

13 A Not really unusual. Sometimes they send us the
14 correct information, and sometimes they don't. So
15 sometimes they would have to call, like I did that
16 night, and say this is what I need.

17 Q And am I correct that it was the responsibility of
18 the correctional staff with the patient at the
19 hospital to obtain those documents at the hospital?

20 MR. KNOTT: Foundation, speculation.

21 THE WITNESS: It's not their
22 responsibility. The hospital should give them
23 paperwork in an envelope just like we did when we
24 sent them there. They don't know what's in that
25 envelope when the hospital give it back to them.

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1 They don't know if that's the correct paperwork for
2 us or not, so ...

3 BY MS. KLEINHAUS:

4 Q Sure. I don't mean the contents of the paperwork,
5 but is it the responsibilities of the correctional
6 staff to say: Hey, I don't have an envelope or
7 anything to bring them?

8 A But they did. They did. There was paperwork.

9 Q Okay. Describe the paperwork that was there.

10 A Follow up with your OB.

11 Q And would that paperwork that you described earlier
12 as generic paperwork, would that have been made part
13 of Ms. Terry's medical record at the jail at some
14 point?

15 A I think I may have put that back in her property
16 because that's not what we wanted. So those forms
17 probably went back to her property. It probably
18 wasn't in the jail records.

19 Q You said you kept Ms. Terry with you in the booking
20 area while you called the hospital?

21 A Not with me, she was in prebook.

22 Q I'm sorry if I'm misunderstanding the geography of
23 that part of the jail, but where were you and where
24 was she?

25 A She would have been in prebook on the beach with the

1 officer. And I was inside that -- remember when I
2 told you that booking had prebook, then there was a
3 room connected to prebook?

4 Q Uh-huh.

5 A That's the one that has the telephone and the phone
6 numbers for me to make the phone call. So there was
7 a counter between us.

8 Q Okay. Other than Ms. Terry's description of what had
9 happened at the hospital, that she was in labor at
10 the hospital, did you have any other conversation
11 with her in that booking area, either prebook or
12 general booking?

13 A We had to do our assessment. We had to finish her --
14 you know, once the doctor said "take her," we had to
15 finish that assessment up.

16 MR. ARNOLD: Could I just hear the question
17 back.

18 (Requested portion of record read by the
19 reporter.)

20 BY MS. KLEINHAUS:

21 Q And finishing her assessment up consisted of going
22 through the rest of the screening questionnaire?

23 A Yes.

24 Q When you were looking at -- sorry, strike that,
25 please.

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- 1 A She was probably with me maybe a total of -- the
2 assessment takes about 20 minutes, so she was
3 probably with me a total of 20 to 30 minutes.
4 Q And would there have been other things she had to
5 complete in booking outside of your assessment? For
6 example, something with the correctional staff?
7 A I don't know. I don't know what they do with them
8 down there.
9 Q Do you know where she went after you were finished
10 with your assessment of her?
11 A I don't know what they -- how they change them over
12 or whatever or how they take them upstairs. I'm not
13 sure.
14 Q During the time that she was with you, was she
15 complaining of abdominal pain at all?
16 A No. When she first got there, when I first talked to
17 her, she told me she had pressure at the bottom, and
18 that was it. I asked her was she having
19 contractions. She said no, just pressure at the
20 bottom.
21 Q Okay. Got it.
22 Did you have any other observations about
23 her demeanor, her health, or anything else?
24 A Can you clarify?
25 Q Sure. Did you observe anything else? Did she seem

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- 1 like she was cooperative? Did she answer your
2 questions? Did she seem like she understood your
3 questions?
4 A She was somewhat cooperative. She wasn't clear
5 because she had been on a binge, so she wasn't quite
6 clear about some things, but --
7 Q Did you believe she was intoxicated at all at the
8 time that you were seeing her?
9 A Yeah, she definitely had been using something.
10 Q And how could you tell that?
11 A She was listless. She was antsy. She wasn't able to
12 sit still. She would move around throughout the
13 assessment, and I would have to keep saying: I need
14 you to stay here, we're almost done. And she
15 admitted that she had been out on a binge and that
16 she had been doing what she had been doing, so --
17 Q And --
18 A Pupils were slightly dilated. She definitely had
19 been using something.
20 Q Did you document anywhere that you believed that she
21 was listless or antsy?
22 A I would have to look at my charting again.
23 Q Would it have been your practice to document if
24 someone was having trouble sitting still or was being
25 listless?

- 1 A Yes.
2 Q Okay. And would it have been your practice to note
3 if someone's pupils were dilated if you observed
4 that?
5 A Yes.
6 Q After you called the nurse and asked for the
7 discharge paperwork, what did you do next?
8 A I think I started her -- I probably was taking care
9 of some other people, because that was intake, so I
10 probably was taking care of some other patient and
11 waiting on the form to come back so I could call the
12 doctor back.
13 Q And I believe you testified earlier you never got a
14 form from the hospital; right?
15 A No, I didn't.
16 Q Okay. So after you were taking care of other
17 patients, what did you do next?
18 A I just kept working until -- I think I still hadn't
19 got them and I called the doctor back, and she said:
20 Go ahead and accept her. I told the doctor what the
21 nurse said on the phone, that they believed she was
22 not on labor, and the doctor accepted her on that and
23 said to keep calling them trying to get that
24 paperwork, so that's what I did.
25 Q And at some point did the doctor tell you whether Ms.

- Terry should go to SMU versus regular housing?
2 A Yes.
3 Q And which doctor was it that you spoke with?
4 A Dr. Buono.
5 Q And did the doctor give you a reason why Ms. Terry
6 would go to SMU?
7 A She didn't have to, because all pregnant females
8 after they got to a certain point went to SMU.
9 Q And do you mean after a certain --
10 A That was policy. That -- I don't know if it was 32
11 or 36 weeks, but it was policy that females that were
12 pregnant would leave general housing and come to SMU
13 after they got to 32 or 36 weeks. I'm not sure which
14 one it was. So I knew where she was going. The
15 question was getting orders to put her in there and
16 what to do with her when she got in there.
17 Q I understand. So when she was sent to SMU, you knew
18 how far along she was in her pregnancy; right?
19 A Yes.
20 Q And you knew that that was the reason she had to be
21 placed there?
22 A Correct.
23 Q Okay. And you knew she had been to the hospital
24 complaining of labor pains; correct?
25 A Correct.

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- 1 Q Did you have any conversation about Ms. Terry with
2 the infirmary nurse before Ms. Terry left the booking
3 area?
- 4 A I don't know if I talked to her or if I talked to the
5 supervisor. I'm not sure which one I talked to.
- 6 Q You believe you talked to one of them?
- 7 A Yes.
- 8 Q And what did that conversation consist of?
- 9 A The report that I got from second shift that they
10 sent her out because she said she was in labor, and
11 the report I got from the nurse at the hospital
12 saying that they didn't think she was in labor, and
13 the fact that I was still waiting on paperwork from
14 the hospital and that the doctor said house her in
15 SMU until -- that we were still waiting on the
16 paperwork from the hospital.
- 17 Q Got it.
Did you have any conversation with Ms.
Terry about whether she had given birth before?
- 18 A Yes, that's part of our assessment.
- 19 Q And so you knew that she had given birth before;
20 right?
- 21 A Yes.
- 22 Q Who was the assigned infirmary nurse for that shift?
- 23 A I'm not sure. I was working in intake.

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- 1 Q And who was the assigned supervising nurse?
- 2 A Margaret Hoover was on that night.
- 3 Q When you say you know you talked to either the
4 infirmary nurse or the supervising nurse --
- 5 A Yeah.
- 6 Q -- how is it that you know you talked to one of them?
- 7 A Because that's what we have to do. You have to call
8 and give report for anybody that's coming up on
9 booking.
- 10 Q Do you have -- I know that's your regular practice.
11 Do you have an independent recollection of having
12 this phone call of what you said, what the other
13 person said?
- 14 A I don't.
- 15 Q Okay. Is it fair to say you're assuming you called
16 and made that report because you believe that would
17 have been your practice?
- 18 A It's fair to say that I did it because I did it.
- 19 Q My question is whether you're making the assumption
20 you did it because that was your general practice.
- 21 A I don't make assumptions. I will say I don't know.
- 22 Q Okay.
- 23 MR. KNOTT: I don't think that answer was
24 clear. Are you --

1 BY MS. KLEINHAUS:

2 Q Did you have any --

3 MR. KNOTT: I'm sorry, I think there is a
4 miscommunication there.5 MS. KLEINHAUS: Well, you are welcome when
6 it's your turn to ask any questions you want to ask
7 about it, but you're actually not allowed to come in
8 and ask questions during my questioning.9 MR. KNOTT: Ms. Exum, is the answer to your
10 question --11 MS. KLEINHAUS: Excuse me, no, this is not
12 how depositions work under Rule 30. You don't get to
13 jump in and ask your own questions. It proceeds the
14 same way as trial. So when it's time for your cross,
15 it's your turn, you can do what you want.16 MR. KNOTT: Ms. Court reporter, could you
17 mark that we can go back to it to clarify what's
18 clearly misunderstood.

19 BY MS. KLEINHAUS:

20 Q Did you have any interactions with Correctional
Officer Wenzel during the shift on March 10?

21 A If he was the officer in SMU that night, yes, I did.

22 Q And what -- I took it from your answer you don't have
23 an independent recollection of talking with him that
24 night, but it would have been your practice to talk

1 with him; is that fair?

2 A Well, he has to open the door to let us in, so I have
3 to say something to him because he's opening up the
4 door, where is the emergency, who needs help.5 Q I got you. Did you escort Ms. Terry to the SMU or
6 the infirmary?

7 A No.

8 Q Did you go to the SMU or the infirmary at any point
9 in that shift prior to finding out that Ms. Terry had
10 given birth?

11 A When the emergency was called.

12 Q Which emergency? Something other than her giving
13 birth?

14 A No.

15 Q Are you aware of any other medical emergencies that
16 happened on that shift?

17 A Am I aware of them?

18 Q Right.

19 A No. That don't mean they didn't happen, because I
20 was in intake.21 Q Okay. How does the intake nurse find out if there is
22 a medical emergency going on or not?23 A If the sergeant in booking tells me or if the
24 supervisor called down and say: I need you to go to

25 this emergency because the nurse up here is at

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1 another emergency.

2 Q Is there someone assigned every shift to deal with
3 medical emergencies?

4 A First and second shift, the sick call nurses are
5 assigned to medical emergencies. On night shift,
6 it's between the supervisor and the nurses that are
7 working upstairs. If they are busy, then the booking
8 nurses kick in and they help out.

9 MR. KNOTT: We have been at it another hour
10 and a half. Could we take a break soon?

11 MS. KLEINHAUS: Yeah. Let's go off the
12 record.

13 (Off the record for a lunch break.)

14 BY MS. KLEINHAUS:

15 Q Let's go back on the record, please.

16 Ms. Exum, before the break, we talked about
17 the time frame when Armor took over healthcare at the
18 jail.

19 When that happened, did you have to apply
20 in order to have a job with Armor, or were you
21 automatically made an employee of Armor?

22 A I think we were grandfathered in, those who wanted to
23 stay. Some people retired.

24 Q So you never had to apply to have that job with
25 Armor. You could keep your same job with the new

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1 employer; is that fair to say?

2 MR. RUSSART: Objection; foundation.

3 THE WITNESS: I think we did have to fill
4 out applications, but it was more of a format than it
5 was -- I think they did their own background checks.
6 And even though County had did extensive background
7 checks, I think they did make us do applications and
8 they did background checks and all the above, but I
9 can't recall anyone that they did not keep.

10 BY MS. KLEINHAUS:

11 Q Got it. Were there any changes at this time in terms
12 of the -- your salary or benefits that you received?

13 A Salary did not change. County benefits were
14 different than a lot of places, so benefits changed,
15 but they still had health insurance, dental and all
16 that other stuff that --

17 Q Did the employer on your paycheck change? I mean,
18 was the check from Armor instead of from Milwaukee
19 County?

20 A It was direct deposit so -- but yeah, I couldn't say
21 if it was still County or Armor.

22 Q What changes did you notice when that transition took
23 place, if any?

24 A None.

25 Q Going back to the shift on March 10th when you

1 encountered Rebecca Terry. Other than noticing that
2 she seemed listless or antsy to you, did you have any
3 other information about any drug abuse in her
4 history?

5 A What she told me.

6 Q What did she tell you?

7 A That she had been on a binge.

8 Q Did she tell you what drug she had used?

9 A I think she said heroin.

10 Q Anything else?

11 A No.

12 Q Okay. Did you receive any information about any drug
13 abuse by Ms. Terry from any other source? I mean,
14 from another medical professional or from law
15 enforcement?

16 A When they gave us report they said that she had come
17 in, had told them she was pregnant, had been using
18 drugs but she hadn't had any prenatal care.

19 Q So you're describing when the second shift gave you
20 its report --

21 A Right.

22 Q -- when you came on on third shift?

23 A Right.

24 Q Had you received any training at any point about the
25 effect of opiate use on pregnancy?

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1 A Yes.

2 Q And what was that?

3 A We were trained by the female NP on the fact that if
4 they don't have opiate substitute, that they could go
5 in labor, so the pregnant females were put on
6 Methadone. They were sent out to a clinic to get
7 Methadone, I should say.

8 Q To like a Methadone clinic?

9 A Yes.

10 Q Okay. And who would make the decision to put an
11 inmate on a plan to go out to a Methadone clinic?

12 A Most of the hospitals would set them up. And if the
13 hospitals didn't set them up, then the female
14 practitioner, the next -- like if they came during
15 the night she would set it up for her to go out the
16 next morning.

17 Q And when you say the female nurse practitioner, you
18 mean the nurse practitioner who is doing all the
19 OB/GYN?

20 A Yes, the OB/GYN.

21 Q Who was that in March of 2014?

22 A I think it might have still been Pam Prince. I think
23 it was Pam Prince.

24 Q Okay. Did you have any conversation with the nurse
25 practitioner, either Pam Prince or whoever else it

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1 may have been on March 10th of 2014, with regard to
 2 Rebecca Terry?

3 A No, because she was gone before day shift got there.

4 Q Okay. What -- typically when would Nurse
 5 Practitioner Prince, what would her shift have been?

6 A It fluctuated. Sometimes she went to the House of
 7 Correction, so it just depended. If she would have
 8 been at the House of Correction, then we would have
 9 given her report over the phone and she would have
 10 set something up and called us back. So it depended
 11 on what our schedule was, and Ms. Terry was already
 12 gone before the day shift got there.

13 Q Okay. I'm sorry if I'm just misunderstanding, would
 14 Ms. Prince have come on with day shift at the same
 15 time?

16 A Yes.

17 Q Okay. Got it.

18 So the expectation would be you would tell
 19 her the next morning when she got there when you were
 20 leaving?

21 A Not me, the day shift staff would let her know that
 22 there is a patient over here and this is what's going
 23 on with her and --

24 Q Okay.

25 A And so that she can go do her own assessment and send

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1 her to the clinic.

2 Q When Ms. Terry came back from the hospital and you
 3 encountered her in booking, did you have any
 4 conversation with her about opiate withdrawal or the
 5 possibility of the Methadone clinic?

6 A I didn't have a conversation about the Methadone
 7 clinic, because I didn't know what the hospital had
 8 set up. I didn't have any paperwork. So no, that
 9 was not my conversation to have about Methadone.

10 Q Okay.

11 A She did say she was going to go in withdrawals
 12 because she hadn't had her drugs, and we started an
 13 assessment form on her for the opiates.

14 Q Did you have any conversation with Buono about Ms.
 15 Terry experiencing any withdrawal or anticipating
 16 that she was going to experience withdrawal?

17 A Yeah, she gives -- the doctor gives us the order for
 18 the withdrawal protocol, so you have to give that
 19 assessment. That's part of the assessment that you
 20 give.

21 Q So your -- am I right, your belief is that you would
 22 have told Buono about that; right?

23 A Not would have, I did tell Buono, in order to get
 24 orders. I could not have started her on the opiate
 25 protocol if I didn't talk to the doctor.

1 Q And what opiate protocol did you put her on?
 2 A We do a form that's called COWS, which is the
 3 Clinical Opiate Withdrawal System. We start that
 4 form. There are certain medications that we give for
 5 certain problems that the person that's withdrawing
 6 have, like we will treat her symptoms. And then the
 7 doctor was informed that she was late pregnant and
 8 then she is going to follow up the next day to make
 9 sure that we get her out to a Methadone clinic.

10 Q And where would the COWS form be found? Like where
 11 would I find that in the medical record? Is that
 12 part of booking, or where would I look for that?

13 A It is a part of booking. We do do one in booking,
 14 but that's like -- people be on regular floors with
 15 those assessments too, so it is a part of the
 16 charting. It is in there.

17 Q I'm sorry, I'm just not very familiar with the
 18 database, so if you wanted to -- like if you were
 19 facing the screen and you wanted to figure out where
 20 to enter this information, is there a specific tab or
 21 something that it would be called for where you would
 22 put that information?

23 A No.

24 Q Okay. If you wanted to start a COWS sheet for
 25 someone, what would you have to do in the database in

1 order to start one?

2 A It's part of the assessment form that we do on
 3 everybody. That question is asked for everybody that
 4 comes in, are you using any illicit drugs. Is there
 5 anything we need to be concerned about you having
 6 withdrawals from.

7 Q I see. Are any of the treatments or protocols
 8 prescribed in COWS related to pregnancy?

9 A COWS is a general assessment that's done on anybody
 10 who does withdrawing from opiates, so there wouldn't
 11 be a specific thing that would trigger because she's
 12 pregnant.

13 Q Prior to dealing with Ms. Terry, had you ever
 14 encountered a woman who was pregnant and had a
 15 history of opiate abuse before?

16 A Yes.

17 Q Okay. And you're smiling. So is that something that
 18 happened commonly?

19 A Yes.

20 Q And had you frequently encountered women who recently
 21 used opiates who were in the late stages of
 22 pregnancy?

23 A Yes.

24 Q I just want to make sure I understand the steps that
 25 you took when Rebecca came back from the hospital.

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1 Am I right that the first conversation you would have
 2 had with her would have been in that prebooking area?
 3 A Correct.
 4 Q And you would have been trying to find out some
 5 information from the hospital?
 6 A Correct.
 7 Q Would you have filled out any portion of a
 8 questionnaire during that time period?
 9 A We have to do prebook before they can bring her
 10 across, but I think at that point I was trying to
 11 reach the hospital to even accept her until I reached
 12 a doctor. Once I reached a doctor and she said go
 13 ahead and keep her, just get the paperwork, then yes,
 14 we do a prebook.
 15 Q When you say you do a prebook, do you mean --
 16 A The preintake assessment.
 17 Q And then what was the next step that happened after
 18 that?
 19 A Then they search her, take her across to the general
 20 booking area, and then that's when we will call her
 21 up to our area where we can do a full assessment.
 22 Q Okay. And then a full assessment consists of what?
 23 A Height, weight, vitals, head to toe. But her it was
 24 monitoring to make sure she wasn't having
 25 contractions.

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1 Q Are there a series of questions that you did at that
 2 time?
 3 A Huh?
 4 Q There is a series of questions you do then?
 5 A Yes, yes. That assessment takes about 20 minutes.
 6 Q Okay. And what is the next thing that happened with
 7 her, then, after that series of questions?
 8 A After that, then we have to inform the sergeant or
 9 lieutenant, whoever is in charge in booking, that she
 10 needs to go to SMU, and she waits until they take
 11 her.
 12 Q After she -- do you have any idea how long she waited
 13 after she was finished with you before she went?
 14 A No, I don't.
 15 Q What's the next time that you encountered Ms. Terry
 16 during that shift?
 17 A When they called and said she was having a baby. It
 18 was an emergency.
 19 Q And who called you?
 20 A I received a call from the sergeant in booking. No,
 21 I take that back. I did not receive a call. The
 22 other nurse I was working with in booking got the
 23 call and they said -- she said that it's a medical
 24 emergency in SMU and the nurse upstairs is already on
 25 an emergency, can one of us go up. So I went up. I

1 did not receive the call.
 2 Q Okay.
 3 A Cheryl did.
 4 Q Did you know what the -- it's Cheryl who was the
 5 other booking nurse?
 6 A Uh-huh.
 7 Q What is Cheryl's last name?
 8 A I do not know Cheryl's last name.
 9 Q And did you know when -- so I'm sorry. If I
 10 understand you correctly, you got the information
 11 from Cheryl who got it from --
 12 A I don't know who she was talking to.
 13 Q Did you know what the medical emergency was?
 14 A Yeah, she said someone in SMU was having a baby.
 15 Q Okay. And what did you do next?
 16 A I ran upstairs.
 17 Q Okay. And if I remember correctly, the booking area
 18 is like on the first floor, the equivalent?
 19 A Yeah. It would be equivalent to first floor and they
 20 were on second floor.
 21 Q When you say they were on the second floor, you mean
 22 the SMUs?
 23 A Yes.
 24 Q Okay. What happened -- did you have any conversation
 25 or encounter anybody on your way to the SMU?

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1 A Yeah, she was like right -- came in right with me
 2 because she stayed with her while I went and got the
 3 OB kit.
 4 Q What supervisor was that?
 5 A Margaret Hoover.
 6 Q Did you and Ms. Hoover have any conversation when you
 7 arrived at the cell?
 8 A No, we just said there is a baby. I ran and got -- I
 9 said: I'm going to run and get the OB kit.
 10 Q And what -- what's contained in the OB kit?
 11 A Everything in there -- I really can't say everything
 12 that's in there. I know there was a bulb syringe in
 13 there. There was some cloths that we have to lay
 14 down for the baby. There is a clamp -- two clamps,
 15 which we did apply, and I think there may have been
 16 scissors or something in there to cut the cord with.
 17 But I did not cut the cord, I just clamped it off.
 18 Q When you say you helped her finish delivering, what
 19 did you do to help her?
 20 A Nothing. I just got the baby out to make sure the
 21 baby didn't get hurt.
 22 Q So you went hands-on?
 23 A Yes.
 24 Q And the baby was still coming out of the birth canal?
 25 A Yes.

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1 Q Did you see any blood in the room on the sheets?
 2 A Any time someone has a baby there is blood.
 3 Q Right. Did you observe the blood in this birth?
 4 A There was blood. There was also meconium, and the
 5 baby was covered in both.
 6 Q And was the bed sheet covered in both?
 7 A Not covered, but there was some on the sheets. No
 8 more than any other birth would have been.
 9 Q And prior to this delivery, how many other deliveries
 10 had you personally witnessed, either as a nurse or
 11 just as a --
 12 A My grandkids.
 13 Q Okay. Your own kids, I take it?
 14 A Oh, yeah.
 15 Q Any as a medical professional?
 16 A I never worked in an OB department, no.
 17 Q And after you were done suctioning the baby, what
 18 happened next?
 19 A I applied oxygen.
 20 Q Okay. And what happened next?
 21 A By the time we applied oxygen and clamped her off,
 22 911 came and got her, they took over.
 23 Q Were you present when she delivered the placenta?
 24 A I don't know if she did that in front of us or if
 25 they did that at the hospital or the ambulance. Jim

1 not sure. Once 911 came in, we kind of moved back
 2 and let them take over.
 3 Q Okay.
 4 A All I asked them was did I do right by clamping. And
 5 they said yes, don't worry about it, we will cut, so
 6 that's --
 7 Q Had you ever received any training on what to do for
 8 a delivery?
 9 A No, because we don't want deliveries in the jail.
 10 Call 911, that's your delivery.
 11 Q Got it.
 12 You described some observations about the
 13 baby in distress when you got there?
 14 A Yes.
 15 Q Did you make any observations about Rebecca's
 16 condition when you got there?
 17 A She was upset, screaming. She just was screaming.
 18 Q Was she screaming anything in particular or screaming
 19 in pain?
 20 A Not in pain. No, it wasn't pain that she was
 21 screaming. She was saying: The baby is coming out,
 22 the baby is out. I told you guys I was in labor. I
 23 told you and you didn't believe me.
 24 Q Anything else that you observed about it?
 25 A Her screams were just screams of anger.

1 Q Did you observe anything else about her when you were
 2 in the cell for the delivery?
 3 A She was retching like she was going to throw up.
 4 Q Anything else?
 5 A When I asked her what happened, she said she had been
 6 throwing up since she had come upstairs.
 7 Q Any other conversation that you had with her in the
 8 cell?
 9 A No.
 10 Q Any other observations that you made about her while
 11 you were in the cell or that you recall now?
 12 A Nothing other than I asked her to calm down because
 13 she was screaming and hollering; and I was trying to
 14 explain to her that she wasn't helping herself or the
 15 baby, that she needed to calm down.
 16 Q Was there anyone who was assigned as the infirmary
 17 nurse who reported to the cell where she delivered?
 18 A There was -- Morgan came and the supervisor was in
 19 there, and there was another nurse working that
 20 night. I don't know. As I said before, I was
 21 working in booking, so --
 22 Q Was it your understanding that Morgan Bevenue was
 23 assigned as the infirmary nurse that night?
 24 MR. KNOTT: Objection; foundation.
 25 THE WITNESS: It wasn't my observation.

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1 BY MS. KLEINHAUS:

2 Q Okay. Did you know who was working as the infirmary
3 nurse that night?

4 A No, I did not.

5 Q As you sit here today, with having had time to review
6 the records, do you know who was the infirmary nurse
7 that night?

8 A No, because I didn't review anything that pertained
9 to that. I only reviewed my charting and, no, I
10 don't know.

11 Q Okay.

12 A Had it not been an emergency, I would not have been
13 up there. But a team player, I came to help --

14 Q Okay.

15 A -- the team.

16 Q Got it.

17 (Exhibit No. 1 was marked for
18 identification.)

19 BY MS. KLEINHAUS:

20 Q I'm handing you what's been marked as Exhibit 1. Are
21 you familiar with this document? Have you seen this
22 before?

23 MR. KNOTT: Object to the use of the
24 document. It doesn't have her signature. It's
25 incomplete.

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1 BY MS. KLEINHAUS:

2 Q Ms. Exum, have you seen this document before?

3 A Uh-uh.

4 Q Can you answer out loud, please?

5 A No, I did not. Let me see.

6 Q Without telling me the content of any conversation,
7 did you ever have a conversation with your attorney
8 about this document?

9 A I don't think we discussed this document. We just
10 discussed my charting and if I remembered my
11 charting.

12 Q Okay. You can put Exhibit 1 to the side.

13 A (Witness complies.)

14 (Deposition Exhibit No. 2 was marked for
15 identification.)

16 BY MS. KLEINHAUS:

17 Q I'm going to show you what we will mark as Exhibit 2.

18 MS. KLEINHAUS: I'm sorry, I don't have an
19 extra copy, Mike, but it's a -- I don't know if you
20 guys can share.

21 MR. RUSSART: Thank you, Doug.

22 BY MS. KLEINHAUS:

23 Q Ms. Exum, are you familiar with Exhibit 2?

24 A Yeah, it's a policy.

25 Q And during that time that you worked at Milwaukee

1 County Jail, did you receive a copy of this policy?
2 A We didn't just necessarily receive copies, everything
3 was online, so you could go online and look at it if
4 you needed to.

5 Q I got you, but is there some ways that the
6 policies -- if not a hard copy, was an electronic
7 copy provided to you?

8 A Yes. You could look online and look up any policy
9 that you wanted to.

10 Q I get what you're saying, you could go and look it up
11 if you wanted to. My question is a little different.
12 Was it ever given to you. Were you ever told: Read
13 this policy about infirmary care?

14 A They didn't give it to you in your hand, but they
15 said you need to review all policies and procedures,
16 yes, ma'am.

17 Q I see. And how did you go about doing that? Was
18 there like an intranet where you log in, or what was
19 the process?

20 A There was a section that had policies and procedures
21 in it.

22 Q Did you ever have to sign off that you had reviewed
23 particular policies?

24 A Yeah, we had to sign off.

25 Q Got it.

1 I just have a few questions about this
2 policy. If you could turn with me to the second page
3 of it, the second bullet point. There is a line that
4 says: The frequency of physician and nursing rounds
5 in the infirmary is specified based on the categories
6 of care provided.

7 I just wanted to clarify, were you -- what
8 were you taught about the number -- the frequency of
9 rounds in the infirmary?

10 MR. KNOTT: Object to the form of the
11 question. Foundation.

12 BY MS. KLEINHAUS:

13 Q Okay. That's fair. Let me try it again. I will
14 rephrase.

15 Do you understand what this provision of
16 the policy is talking about?

17 A Rounds were determined by a doctor who said: I want
18 this patient to have vitals every hour, two hours,
19 four hours, eight hours. Just like it would be
20 anyplace else, any hospital. The doctor determines
21 how many times this patient gets vitals, how many
22 times this patient gets assessed in an eight-hour
23 shift. That's not a nursing duty, that's an order
24 that's received when we admit them in.

25 Q Okay. And when you say "admit them in" you mean

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1 admit them into the infirmary?

2 A Right. Or if they are going up on the unit, there is
3 still orders written by a doctor that says: I need
4 this person checked this many times.

5 Q Gotcha. So the person in the role of infirmary
6 nurse, when someone is admitted into the infirmary,
7 does that person have a responsibility to call the
8 doctor at that point and ask how often am I supposed
9 to be doing rounds?

10 A No, because the doctor gives the orders to the
11 booking nurse.

12 Q Okay. And so where in the medical chart would that
13 order on rounds, where would we look to find that?

14 A On the medical administration record or either the
15 treatment record.

16 Q Is there a specific section of the record where it
17 would be?

18 A Probably at the end of the meds.

19 Q At the end of the meds?

20 A Yeah.

21 Q Okay. Okay. Turn with me, if you would, to the
22 third page of this policy.

23 A (Witness complies.)

24 Q It discusses here under part A5 various
25 classifications for the infirmary assignments; do you

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1 I don't know that, I may go over there and kick them
2 out.

3 So this level 1, level 2, level 3 and
4 observation were more so for the doctor so they can
5 decide who is going upstairs next, who can't go, who
6 has to stay in SMU. That's what this was for. This
7 was -- it didn't determine our nursing care. Level
8 1, level 2, level 3 and observation determined who
9 gets kicked out first, who has to stay, and who can't
10 leave.

11 Q Got it. That's super helpful. I appreciate it.

12 MR. RUSSART: Object to the commentary
13 after the answer.

14 BY MS. KLEINHAUS:

15 Q Turn with me to page 4. There is a section here
16 labeled No. 6. And the last two sentences of that
17 section say, "Patients in the infirmary are to be
18 within sight and sound of healthcare staff at all
19 times. Healthcare staff are to be present at all
20 times in the infirmary."

21 Was it your experience as an infirmary
22 nurse that the -- that the patients were always
23 within sight and sound of the healthcare staff?

24 MR. KNOTT: I need to object to the use of
25 "infirmary" interchangeably and "SMU"

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1 see that?

2 A Yes.

3 Q Were these classifications that you used in the
4 infirmary while you were at the Milwaukee County
5 Jail?

6 A Yes.

7 Q And if I wanted to find out from the medical record
8 what -- strike that, please.

9 Would these classifications be in the
10 medical record?

11 A The doctor may refer to them in his notes, and this
12 is more -- I think you may not understand what this
13 is talking about. This is more of how the doctor
14 would classify the patients and this is how they
15 decided who gets discharged back upstairs, who stays
16 in the infirmary and who leaves. Level 1s, level 2s,
17 and level 3s. And this is the doctor's information:
18 Okay, I'm making this first person a level 1. Well,
19 no, first there is an observation patient who is just
20 there maybe 24 hours or so just to be observed.

21 Then there was level 1, level 2, and level
22 3. Those numbers were more so for the doctors so
23 that they could know: Okay, maybe I'm an on-call
24 doctor and I haven't been here, but maybe Dr. Buono
25 put this patient in SMU and made them a level 1. If

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1 interchangeably. And this policy is specific to one
2 of those two types of units, so I think we need to be
3 specific at this point and not be loose with that
4 language.

5 So I object to use of the -- to the
6 reference to this policy without further
7 specification of what we're talking about. As you
8 know, the place where Ms. Terry was was not the
9 infirmary.

10 THE WITNESS: It wasn't the infirmary, it
11 was SMU.

12 MS. KLEINHAUS: Thank you for your
13 testimony.

14 BY MS. KLEINHAUS:

15 Q Ms. Exum, in your experience, when you were assigned
16 to the -- let's do it both ways -- to the infirmary
17 at Milwaukee County Jail, was there healthcare staff
18 within sight and sound of the patients at all times?

19 MR. RUSSART: Objection; foundation. You
20 haven't established there was an infirmary at the
21 Milwaukee County Jail.

22 MR. KNOTT: Right. It's a problem that's
23 developed throughout the deposition because we used
24 the terms interchangeably.

25 MS. KLEINHAUS: I understand your

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1 objection.

2 MR. KNOTT: At this point, with the use of
3 the policy, I just ask you to be specific as to the
4 year so that we know what we're -- what nomenclature
5 we're using.

6 THE WITNESS: Yeah, this is --

7 BY MS. KLEINHAUS:

8 Q Go ahead.

9 A Ms. Terry was in SMU. She was not in infirmary.
10 Because infirmary needed a nurse 24 hours a day. And
11 because of -- she was in SMU, she was not in
12 infirmary, so this policy here does not really relate
13 to the situation that we're dealing with because we
14 did not have infirmary at that time. It was SMU,
15 special medical unit.

16 Q I got you. So is there an Armor policy that was ever
17 provided to you which would explain what to do in the
18 SMU?

19 A What do you mean what to do? What are you talking
20 about, what to do.

21 Q I think what you just told us is that this exhibit is
22 the policy that explains what to do in an infirmary.
23 Did I understand that right?

24 A Yes.

25 Q Was there a policy from Armor that explained what to

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1 do in SMU? Like an equivalent to this but for the
2 SMU. Did that exist?

3 MR. KNOTT: Foundation.

4 MR. RUSSART: Join.

5 THE WITNESS: Not sure.

6 BY MS. KLEINHAUS:

7 Q Okay. Do you know whether there was a distinction
8 made between a special needs unit and a special
9 medical unit?

10 A There is a difference between the two.

11 Q Okay. Can you tell me what the special needs unit
12 is?

13 A That's the unit that patients with mental health
14 issues that are at the point that they need more care
15 than they would on a general population, someone who
16 was having some type of psych crisis would be housed
17 in the special needs unit. That is our psych unit.

18 Q Got it. Can you turn in this exhibit to page 7,
19 please?

20 A (Witness complies.)

21 Q There is a section on page 7 marked "Obstetrics
22 observation." Do you see that?

23 A Uh-huh.

24 Q Was there any requirement to do any obstetrics
25 observation in the SMU?

1 A Was there a requirement? Is that what you said?

2 Q Yeah. Let me rephrase and make it simpler. This
3 describes obstetrics observation for an infirmary.
4 Were you aware of an obstetrics observation policy
5 for the SMU?

6 A Well, again, this goes back to the doctor. This is
7 not something that a nurse would do on her own. This
8 stuff would be ordered from the doctor.

9 Q Okay. Got it.

10 A How often you do vitals; if they want you to listen
11 to fetal heart tones.

12 Q Was there anything at Milwaukee County Jail, either
13 in booking or the clinic or SMU, was there anything
14 there that you could have used to check fetal heart
15 tones?

16 A Yes, the OB practitioner had the ultrasound fetal
17 heart tone thing that we used, she showed us how to
18 use it, we used it on the females, the ones that were
19 having problems we used it, yes.

20 Q Could you use that in the SMU?

21 A Yes, it's kept in the clinic in the OB practitioner's
22 office.

23 Q Okay. Got it. You can put this exhibit to the side.
24 (Deposition Exhibit No. 3 was marked for
25 identification.)

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1 BY MS. KLEINHAUS:

2 Q I'm showing you what has been marked as Exhibit 3.
3 Are you familiar with this type of document?

4 A Yes.

5 Q And what is it?

6 A Assignment sheet.

7 Q Let's look at -- the first page relates to March --
8 the first three pages relate to March 9th of 2014.
9 And it looks like to me on that first page you're
10 assigned as the charge nurse. Do you see that part?

11 A Correct, uh-huh.

12 Q And that would have been for first shift on the 9th;
13 is that right?

14 A Correct.

15 Q Turn with me, please, to the -- excuse me -- the
16 fourth page, which relates to March 10th of 2014.

17 MR. RUSSART: Is there a Bates number on
18 that?

19 MS. KLEINHAUS: Yeah, it's Armor 46.

20 MR. RUSSART: Thank you.

21 BY MS. KLEINHAUS:

22 Q Looking at -- I'm sorry, excuse me, please.

23 Looking at the fourth page, which is marked
24 Armor 46, you were assigned as booking nurse No. 2;

25 is that correct?

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1 A Correct.
 2 Q And is it your recollection that it was Nurse Burton
 3 who was the other booking nurse?
 4 A Yes.
 5 Q Okay. And do you see anyone -- anyone's name here?
 6 I know you mentioned someone by the name of Cheryl
 7 earlier. Do any of these last names ring a bell
 8 for --
 9 A Cheryl was on night shift. This is day shift.
 10 Q She was on night shift the night before?
 11 A Right.
 12 Q Okay. So can you turn back with me to the second and
 13 third pages of this exhibit and see if any of these
 14 names ring a bell as Cheryl's last name?
 15 A Well, she would have -- I don't know Cheryl's last
 16 name, but she would have to be the other nurse that's
 17 listed here.
 18 Q I'm sorry, I thought you knew it at one time and you
 19 forgot it. You're saying you never knew it in the
 20 first place?
 21 A No, I don't know Cheryl's last name.
 22 Q Got it.
 23 MR. RUSSART: I will represent to you that
 24 Ms. Ruehs' first name was Cheryl.
 25 MS. KLEINHAUS: Thank you.

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1 BY MS. KLEINHAUS:
 2 Q Looking at page 4, Armor -- also labeled Armor 46, do
 3 you recognize the name next to "SMU nurse"? It looks
 4 like Goudy?
 5 A Yes.
 6 Q Do you know who that person is?
 7 A I know who Goudy is, but do I know about Goudy? No.
 8 I know who she is.
 9 Q Okay.
 10 A We had a nurse named Goudy. Yes, I do know the name
 11 "Goudy."
 12 Q Okay. Did you have any encounters with her or
 13 conversations with her with regard to Rebecca Terry?
 14 A I wouldn't have had to have conversations with her.
 15 I was not working upstairs the night before.
 16 Q Well, this -- maybe I'm reading this wrong, but this
 17 to me is the first shift on March 10th, isn't it?
 18 A Correct, but my assignment the night before was
 19 booking.
 20 Q I got you now. Turn back with me to page 3 here,
 21 which is marked as Armor 45, so my mistake. Now I
 22 think I'm in the right spot.
 23 So is it correct to say that during your
 24 shift Nurse Bevenue was assigned as the SMU nurse?
 25 A Yeah, her name is there.

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- 1 Do you see that part?
 2 A Uh-huh.
 3 Q Would the time entry there be provided by the
 4 software or would someone enter that?
 5 A That's probably the software.
 6 Q Okay. And how about the date, would that -- do you
 7 know what I mean if I say it populates, like it fills
 8 it in for you?
 9 A Uh-huh.
 10 Q Would the date have been populated by the software or
 11 would you have filled that in?
 12 A The software.
 13 Q And the next portion says "time in." What does "time
 14 in" mean? What is that for?
 15 A What time the note was initiated in the system, the
 16 software.
 17 Q Okay. And would that section, "time in," would that
 18 populate or would you have to fill that in?
 19 A No, that's populated.
 20 Q Under "topic"; do you see that part?
 21 A Uh-huh.
 22 Q Are the options in topic like a drop-down menu?
 23 A Yes, uh-huh.
 24 Q And here the topic that's chosen is "interfacility
 25 transfer." Do you see that?

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- 1 A Yes.
 2 Q Why was that the topic for this entry?
 3 A Because any time someone leaves the jail, that's an
 4 interfacility transfer.
 5 Q I see. The next one is "staff name," and that's your
 6 name; right?
 7 A Uh-huh.
 8 Q And would that populate based on your log-in
 9 credentials or would you have to fill that in?
 10 A I think it goes by my log-in.
 11 Q Okay. I understand that under "subjective" here
 12 there isn't anything, but what types of things are
 13 supposed to go in that category?
 14 MR. RUSSART: Object to the form.

15 BY MS. KLEINHAUS:

- 16 Q Are you familiar with the SOAP system for
 17 note-taking?
 18 A Oh, yeah, I am.
 19 Q What is the subjective piece of the SOAP system?
 20 A The subjective piece is what the patient tells us,
 21 the objective piece is what you observe, the
 22 assessment is what you assess, and the plan is what
 23 happened afterwards. I'm very much familiar with
 24 SOAP.
 25 Q I know that it is probably a daily part of your job.

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- 1 So if you look under plan, it says -- tell
 2 me if I have got this right. The patient was
 3 prescreened as an in-but-out but was on the to-do
 4 list; is that right?
 5 A Correct.
 6 Q And "IBO" stands for in but out?
 7 A Yes.
 8 Q What does it mean for a patient to be prescreened as
 9 an in-but-out?
 10 A That means when they come in to intake they are
 11 prescreened. And then if they say -- like I told you
 12 before, if they say -- if we don't accept them, they
 13 remained on our to-do list, but they are listed as an
 14 in-but-out.
 15 Q And whose to-do list is it?
 16 A The nursing to-do list.
 17 Q In booking?
 18 A Booking, yes.
 19 Q All right. So this was a note that you made about
 20 the intake the following day; is that right?
 21 A This note was made --
 22 Q I'm sorry, "the following day" is a confusing way to
 23 say it. Several hours after she had gone to the
 24 hospital; right?
 25 A Correct.

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- 1 Q Okay. Turn with me, please, to the second page.
 2 A (Witness complies.)
 3 Q There is a general note there. The time marked is
 4 7:30; do you see that?
 5 A Yes.
 6 Q And this is a note by Ms. Hoover; correct?
 7 A Correct.
 8 Q And, again, this is a note being made several hours
 9 after Ms. Terry had already been transferred out;
 10 correct?
 11 A Correct.
 12 Q In the note section there, at the bottom, am I
 13 correct in saying that portion is not populated by
 14 the software but somebody writes that in; correct?
 15 A Where are you at?
 16 Q I'm sorry, if you go down to the notes section.
 17 A Right there where she says "writer notified"?
 18 Q Yes.
 19 A No, that's not populated. That's her charting.
 20 Q Okay. As you're going through the process as the
 21 intake screening nurse, for example if you're taking
 22 someone's vitals, are you putting that into the
 23 computer as you're doing it, like as you go, or are
 24 you making a note and going back later to add it?
 25 A No, you're making a note because vitals are done in

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1 preintake, and that is put into the system right
 2 around under the preintake, because the charting
 3 doesn't happen until they get on the general booking
 4 side and the full assessment is done.

5 Q I think I didn't totally understand all of that, so
 6 let me see if I can break it down.

7 When someone is in the preintake, when
 8 you're trying to decide whether to accept them at the
 9 jail or not, you would take vitals at that time?

10 A Yes.

11 Q And would you enter that information into the --

12 A The preintake booking screening, there is a section
 13 for vitals, yes.

14 Q On the computer; right?

15 A Yes.

16 Q And then if they are accepted, they come over into
 17 general booking, the rest of the questionnaire and
 18 assessment that you do also is immediately entered
 19 into the system?

20 A Yes.

21 Q Is there any point in the booking process, whether
 22 it's preintake or general booking, where you would be
 23 writing down a note to yourself by hand about
 24 someone's condition or their vitals?

25 A Yes.

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1 Q When would that be?

2 A Depending on the person, for her it was -- I couldn't
 3 really accept her until I got that hospital
 4 information, so I'm in the process of calling a
 5 doctor, waiting for the response from the hospital,
 6 calling the doctor back, still haven't got the
 7 response from the hospital. Yes, there was some time
 8 lapse on that situation because of the fact that she
 9 didn't bring hospital paperwork back that we needed.

10 Q And during that time frame where you're making those
 11 calls, were you taking notes?

12 A Yes.

13 Q Where were you taking notes?

14 A Scratch paper. That's not nothing you enter.

15 Q Okay. And then did you hold onto that -- to your
 16 scratch paper?

17 A Yeah, to the end of the shift.

18 Q And then what happens at the end of the shift?

19 A It goes into a pile of papers that get shredded.

20 Q Okay. Looking again at page 2 of this exhibit, the
 21 last quarter of the page, there is a SOAP note from
 22 you; do you see that?

23 A Uh-huh.

24 Q It says "time in 1:30."

25 A Uh-huh.

1 Q But the note itself is dated 7/12?

2 A Yes.

3 Q Can you tell me what "time in" means in that context?

4 A That's the time that I entered the note. This note
 5 was entered because I couldn't find my earlier note,
 6 so the 1:30 stands for the time that I started this
 7 note or this assessment, and then I had to enter it
 8 at 7:00 because when I went back to look for the note
 9 I couldn't find it.

10 Q I see.

11 A So then I had to put a late entry in, so that's why
 12 there is a difference in the time.

13 Q So if I'm understanding you right, when she came back
 14 from the hospital, you started to make a note. But
 15 later after the delivery, you couldn't find that
 16 note --

17 A Right.

18 Q -- so you created it --

19 A Yes.

20 Q -- again?

21 A Yes.

22 Q Okay. And the time in, 1:30, was that an
 23 approximation of about when you remembered her coming
 24 back?

25 A No, the 1:30 was the time when I was done with her

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1 assessment and started the note. That's what time
 2 that was.

3 Q I see.

4 A At 1:30 I was done with her assessment.

5 Q How did you --

6 A I was just waiting for her paperwork to come.

7 Q Okay. Sorry, I didn't mean to interrupt.

8 How did you know when you were making the
 9 note at 7:15 that you were done with her assessment
 10 at 1:30?

11 A Because I still had my scratch paper.

12 Q And you had written down on the scratch paper when
 13 you were done?

14 A Uh-huh.

15 Q Okay. Turn with me, please, to the third page.

16 There is a note there under "subjective." Do you see
 17 that part?

18 A Yes.

19 Q "The patient returned from the hospital with officer
 20 at 1:05 a.m. Vitals stable at present."

21 You made this portion of the note at 7:12
 22 as well; correct?

23 A Correct.

24 Q And what was the 1:05 based on?

25 A That's what time she came back from the hospital.

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- 1 Q Okay. Do you know --
 2 A "Hospital with officer at 1:05."
 3 Q Okay. Do you know when you were entering this note
 4 how you got 1:05?
 5 A Because that's what time is on her paperwork when she
 6 got back.
 7 Q I see. So there was like correctional paperwork
 8 about when she returned to the jail?
 9 A There is -- there is not just correctional paperwork.
 10 We do a preintake. In prebook we do a little short
 11 questionnaire. That questionnaire time is 1:05. So
 12 that's why I know what time that was that she got
 13 back.
 14 Q Okay. Got it.
 15 Looking at the next line, I think it reads,
 16 "Patient was complaining of some pressure at the
 17 bottom of her stomach"; is that right?
 18 A Correct.
 19 Q "Patient denied contractions at present"?
 20 A Correct.
 21 Q In the objective portion it lists a call with Buono
 22 at 1:15?
 23 A Uh-huh.
 24 Q Do you have an independent recollection in your
 25 memory of that phone call, or is your testimony about

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- 1 that phone call based on having seen this charting?
 2 A No, I remember the phone call vividly because she
 3 told me to make sure the hospital gets us that
 4 paperwork, because if not, she will have to go back,
 5 and that's what I told them. If we don't get
 6 paperwork, I'm going to have to send her back out
 7 there.
 8 Q And was that something unusual for you, not to have
 9 paperwork and have to send someone back?
 10 A No. I mean, usually if we tell them we're going to
 11 send them back, they will get us the paperwork,
 12 because they don't want us to send them back.
 13 Q So is there any particular reason that it created
 14 such a vivid memory for you?
 15 A Because I remember not having paperwork.
 16 Q Okay. Were you --
 17 A I remember we didn't have paperwork on her. I
 18 remember that very well. I remember calling the
 19 hospital talking to the nurse.
 20 Q Under "assessment" it says, "Risk for labor related
 21 to opiate abuse"; is that correct?
 22 A Correct.
 23 Q And so you were concerned, based on the history of
 24 opiate abuse, that she might go or be in labor; is
 25 that right?

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- 1 me everything that was on the scratch paper?
- 2 A Could I tell you now everything that was on the
3 scratch paper?
- 4 Q Correct.
- 5 A No. No.
- 6 Q Okay.
- 7 A When I made this note and I had the scratch paper
8 next to me, yes.
- 9 Q Okay. Is it fair to say you believe that you would
10 have gotten this time --
- 11 A Correct.
- 12 Q -- from the scratch paper?
- 13 A Yes.
- 14 Q Without having it in front of you today, years later,
15 you can't be sure; is that fair?
- 16 MR. RUSSART: Object to the form. Can't be
17 sure of what?
- 18 BY MS. KLEINHAUS:
- 19 Q Go ahead.
- 20 A It's not -- no, it's not fair to say that, but I
21 charted according to my notes. I'm not going to say
22 it was scratch paper. It was notes that I put on a
23 piece of paper so that when I got ready to chart I
24 would have my times in front of me.
- 25 Q Okay. Just to make sure that I understand the

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- 1 A Yeah, her vitals were taken. I don't know who did
2 it. I was concerned about the baby.
- 3 Q How do you know that her vitals were taken?
- 4 A Because someone was doing it. There was a nurse in
5 the room doing vitals on her. Who it was, I don't
6 know, I wasn't watching that. I had a baby in my
7 arms that was purple, nose was flaring, he was in
8 distress. So for me to look up and try to figure out
9 who was doing vitals, I did not do that. I do know
10 they were done.
- 11 Q So the baby was still connected to Ms. Terry via the
12 umbilical cord; correct?
- 13 A Correct.
- 14 Q So you were within range of the umbilical cord to Ms.
15 Terry; is that correct?
- 16 A I was at the bottom of the bed where the baby was.
- 17 Q Okay. And your testimony is that there is someone at
18 the top of the bed; is that right?
- 19 A Correct.
- 20 Q Taking vitals?
- 21 A Correct. There were three nurses in the room.
- 22 Q Can you describe what those nurses looked like?
- 23 A I can tell you who the nurses was. I can't describe
24 them.
- 25 Q Okay. Tell me who they were.

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- 1 abbreviations here, "ED" would be emergency
2 department?
- 3 A Yes.
- 4 Q And "L&D" is labor and delivery; is that right?
- 5 A Correct.
- 6 Q Okay. Going down below where it starts with vital
7 signs and the time entry is 7:09; do you see that
8 part?
- 9 A Uh-huh.
- 10 Q This isn't a SOAP note, it's a vital signs note, I
11 take it. Do you know whether you made this note?
- 12 A I don't know if I made this note or not.
- 13 Q Do you know who took Ms. Terry's vital signs at
14 approximately 4:53 a.m.?
- 15 A It wasn't me.
- 16 Q How do you know?
- 17 A Because I wasn't taking vitals, I was helping with
18 the baby.
- 19 Q Okay.
- 20 A This was during the time when we were in there
21 getting her out. 4:53 is when she -- when we were
22 calling 911 and stuff. So I wasn't assisting her, I
23 was assisting with the baby, so I know for a fact I
24 did not take these vitals at 4:53.
- 25 Q Did you observe anyone take her vitals?

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- 1 A Margaret Hoover, the supervisor, was in the room.
- 2 Q Okay.
- 3 A And Morgan.
- 4 Q Okay. And so is it fair to say that either Margaret
5 Hoover or Bevenue took the vitals?
- 6 A It's fair to say that, yes.
- 7 Q And the pulse was 51. Do you see that here?
8 Let's turn down to the next page. There is
9 a note from you that -- it's a SOAP note entered at
10 6:20 a.m. Do you see that part, where the page is
11 marked MKE County 102.
- 12 A Yes.
- 13 Q It says, "Time in 5:45." What is the significance of
14 that as the time in?
- 15 A That's what time I started the note.
- 16 Q Okay. And it's 6:20 when you finished the note?
- 17 A Yeah.
- 18 Q And is the time stamp at the top usually when the
19 note is finished?
- 20 A I think it must be, yeah.
- 21 Q Okay. Can you see that time stamp when you finish a
22 note?
- 23 A Can I -- what do you mean can I see it?
- 24 Q Like if you finished a SOAP note, would it show you
25 this is the time?

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1 A No, uh-uh, uh-uh. You can look at the computer at
 2 the bottom where the clock is. You can look at the
 3 computer and see the note.

4 Q Right.

5 A Yes.

6 Q But the way this is laid out here, where it shows
 7 you --

8 A No, it's not sitting up there saying this is what
 9 time it is. No, it's not saying that.

10 Q Okay. I gotcha.

11 All right. Looking under subjective, where
 12 it says, "Writer was in booking when nurse CR
 13 answered call from SMU officer."

14 Is CR the nurse that we identified earlier
 15 as Cheryl someone?

16 A Uh-huh.

17 Q Okay. And where it says "at 4:46," do you know where
 18 you got that time?

19 A I must have looked at the clock.

20 Q At the time that you were sent up for the medical
 21 emergency?

22 A Right.

23 Q Okay. And it says, "Patient had delivered the baby";
 24 correct?

25 A That's what I was told.

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1 Q Okay. But your --

2 A That's what the officer told her.

3 Q Okay.

4 A I said, "Call from SMU officer who stated --

5 Q Uh-huh.

6 A -- patient had delivered the baby." That is not me
 7 saying that. That's the officer saying.

8 Q I understand.

9 A Okay.

10 Q Your testimony today is when you got there, the baby
 11 was not all the way out of the birth canal; correct?

12 A No, the baby was not all the way out the birth canal.

13 Q Okay. A little further down it says, "writer asked
 14 the lieutenant in booking to call a medical emergency
 15 for SMU. At 4:47 nurse CR called supervisor."

16 Would that be Supervisor Hoover?

17 A Yes.

18 Q Was there any other supervisor on staff that night
 19 besides Ms. Hoover?

20 A No.

21 Q Okay. Under "objective," a couple lines down, it
 22 says, "Assessment revealed a responsive mother."

23 What does "responsive mother" mean in this
 24 context?

25 A She was not unresponsive. She was awake. Able to

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- 1 A 2 liters.
 2 Q "Mom and baby via NC," what does that mean?
 3 A Via nasal cannula. That's just repeating that right
 4 there, so I think -- that's why I think that was just
 5 a typo.
 6 Q Okay. I got you now.
 7 And it says here, "Ms. Terry was
 8 complaining of pain from the afterbirth"; correct?
 9 A Yes.
 10 Q And you said there was no doctor to remove the
 11 afterbirth; correct?
 12 A No, there was no doctor there.
 13 Q And do you recall telling her that?
 14 A Yeah, she asked me to pull out the afterbirth, and I
 15 told her no.
 16 Q Looking under the assessment; do you see that part?
 17 A Uh-huh.
 18 Q Can you read it for us and tell me what it means?
 19 A The baby had risk for impaired air exchange related
 20 to possible aspiration of meconium. He was covered
 21 with meconium. He was having respiratory distress,
 22 his nose was flaring, his color was changed. That's
 23 what that means.
 24 Q Were you worried about the baby?
 25 A Yes, I was.

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- 1 Q Were you worried about whether the baby was going to
 2 survive?
 3 A Yes, very much.
 4 Q Where it says "risk for volume deficit related to
 5 bleeding," what does that mean?
 6 A That's related to the mother.
 7 Q What does it mean?
 8 A That means that any woman that has a child, you have
 9 blood. And any time you have blood, then you have a
 10 risk for deficit.
 11 Q And that was a concern for Ms. Terry; correct?
 12 A Yeah, that was a concern for Ms. Terry, but she was
 13 not in distress.
 14 Q And how was it that you determined that she was not
 15 in distress?
 16 A Because she wasn't -- color wasn't changing, she
 17 wasn't having any nose flaring, she wasn't having any
 18 difficulty breathing. Her -- she did not have
 19 anything as an outward sign that would tell me: This
 20 lady is in trouble. Had I seen that, I would have
 21 popped an IV in her and gave her some fluids. We do
 22 have that capability. I did not see that. She was
 23 sitting up. I kept having to tell her to lay back
 24 down.
 25 Q And were you surprised when you got the call that

- there was a medical emergency and she had delivered
 in the SMU?
 3 A Yeah, I was, because the hospital said she wasn't in
 4 labor. So, yes, I was surprised.
 5 Q Okay. Were you concerned about how that had
 6 happened?
 7 A Yeah, I asked her what happened. She said: I have
 8 been throwing up. I have been hollering and throwing
 9 up.
 10 Q Okay. Did you have any conversation with Ms. Hoover
 11 or Ms. Bevenue about how it had happened that the
 12 patient had given birth in the SMU?
 13 A No, because they were right there listening to the
 14 story with me.
 15 Q Did you ask anyone the last time someone had checked
 16 on her?
 17 A No, I did not.
 18 Q Did you ask any correctional staff the last time they
 19 had checked on her?
 20 A No, I did not.
 21 Q Why didn't you ask?
 22 A That's not my job. I'm not their supervisor. I am a
 23 nurse with an assignment in booking, it's not my
 24 business what happens upstairs. I came up to help my
 25 peers because they were out on another emergency at
- the time that this one was called, so I was just
 coming up as a team player. It is not for me to go
 jump in people's faces and say: What time you saw
 her, what did you do. That was not my role.
 5 Q Were you concerned that there had been a medical
 6 emergency?
 7 A I was concerned there was a medical emergency. If I
 8 wasn't, I wouldn't have come up. Yes, I was
 9 concerned.
 10 Q Were you worried about it happening again?
 11 A What do you mean? What's happening again?
 12 Q Someone giving birth in the SMU alone.
 13 MR. RUSSART: Object to the form of the
 14 question.
 15 MR. KNOTT: Form.
 16 THE WITNESS: Our goal at the jail is not
 17 to have people have babies in the jail. That is not
 18 a goal that any nurse wants to have, is someone
 19 having a baby in a jail. We don't have the equipment
 20 or the things we need to take care of a newborn baby.
 21 So that is not anything that none of us wants to
 22 happen. We see people all the time on floors that
 23 are in labor and we get them out of there and we get
 24 them to the hospital on time.

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1 BY MS. KLEINHAUS:

2 Q And you -- the reason that you don't want it to
3 happen is that you all don't have any of the
4 capabilities to do a delivery at the SMU; right?

5 A We have the equipment.

6 MR. KNOTT: Form.

7 THE WITNESS: We can do the delivery. We
8 have an OB kit. An officer on the street can do a
9 delivery, they have OB kits. You can do a delivery
10 in a place that you don't desire to do one, but we
11 have no desire to do a delivery in a jail. It's just
12 not the place to have a baby.

13 BY MS. KLEINHAUS:

14 Q So did you ever have any conversation with anyone
15 ever about how this happened? Why it happened?

16 A Yeah, we were debriefed. We were debriefed.

17 Q Okay.

18 A The next day.

19 Q Who had a -- who was present for the debrief?

20 A The supervisor and me.

21 Q Okay. And was that Ms. Hoover?

22 A No, it was actually the district at that time,
23 actually, talked to us.

24 Q And who --

25 A I'm sure Morgan got talked to too. They may have

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1 even talked to Cheryl, I don't know. But yes, I was
2 talked to. We were -- the whole staff was debriefed.

3 Q Who was the director that debriefed you?

4 A I think at that time it wasn't -- I don't think it
5 was Gina, I think it was the one before Gina. I
6 think the director was the lady that was between
7 Monica and Gina at that time, and I don't remember
8 her name.

9 MR. KNOTT: Excuse me, when you get a
10 chance, it's been another hour and a half.

11 MS. KLEINHAUS: Sure. Let me just finish
12 this section.

13 BY MS. KLEINHAUS:

14 Q So what -- so it could have -- it was the person
15 before Ms. Strehlow in that position?

16 A Uh-huh.

17 Q Okay. And was the debrief one-on-one?

18 A No, it was kind of like a group one. It was kind of
19 shift to shift. Each shift got debriefed about the
20 situation that happened and how, you know, we never
21 want someone to have a baby in the jail. That's not
22 our goal.

23 Q Did anyone explain what should have happened
24 differently?

25 A No, because there was -- I mean, we did everything we

1 could for Ms. Terry, so I don't think anybody had any
2 regrets about what happened. We have no control of
3 what time the baby came out, and I don't think any of
4 us felt like we did anything wrong that night. So
5 there was no, "oh, I wish I would have done this."
6 No, I did everything in my power to help her that
7 night. I don't think I did anything that warranted
8 me to say to myself, "oh, I should have done this
9 differently." No.

10 Anyone that comes to a jail that's not
11 having contractions and we sent them to the hospital
12 to get them cleared and the hospital is saying they
13 are not in labor, they would have gotten sent up to
14 SMU.

15 Q So outside -- even going beyond yourself, do you
16 believe there is anything that anybody at the jail,
17 correctional or medical staff, could have done
18 differently to prevent her delivering at the jail?

19 MR. RUSSART: Objection; foundation.

20 MR. KNOTT: Foundation, speculation.

21 THE WITNESS: No.

22 MR. KNOTT: Let's take a break.

23 (Discussion held off the record.)

24 BY MS. KLEINHAUS:

25 Q Going back to the last exhibit we were working with,

1 which I think is 4, if you can turn with me to the
2 page that's marked MKE County 103.

3 A (Witness complies.)

4 Q About a third of the way down that page, there is a
5 note about vitals; do you see that?

6 A Uh-huh.

7 Q It says it was entered at 3:50?

8 A Uh-huh, yes.

9 Q Are you able to tell from this note who made this
10 entry?

11 A If you go to the next page, where it says "staff
12 name."

13 Q Yup.

14 A That's me.

15 Q Okay. And so did you do --

16 MR. KNOTT: You're looking at a different
17 entry.

18 THE WITNESS: No, this is all one entry.
19 This is the beginning of it.

20 BY MS. KLEINHAUS:

21 Q Okay. So it starts with a vital note and then goes
22 into a SOAP note; is that right?

23 A That's correct. The top part is the vitals, and then
24 the second part is the SOAP note.

25 Q Okay.

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1 A That's all one.	1 County 100 and 101 about calling the hospital and	
2 Q All one note. And so this is a note that you made at 3 3:50 a.m.?	2 asking for discharge papers.	
4 A Uh-huh.	3 Do you recall that section? Do you see	
5 Q Is that right?	4 where I mean where it's marked MKE County 101 under	
6 A Correct.	5 "plan," it's referring to a call to the hospital for	
7 Q And this is when you took --	6 discharge papers; right?	
8 A Well, actually, I made it at 3:40. I think it ended 9 at 3:50.	7 A Right. And that's a note, if you look on the page	
10 Q I see. And where did you take -- where did you take 11 Ms. Terry's vitals?	8 before that, page MKE 100, that note started there.	
12 A In booking.	9 And the reason that note was put in at 7:12 in the	
13 Q Okay. And this was after she had left booking 14 presumably -- right? -- to go to SMU?	10 morning was because I couldn't find the one -- when I	
15 A This note was done after she was gone upstairs to 16 SMU, yes, you are correct. This was the note I did 17 on her after I had done all of her assessments, talked 18 to Froedtert, to Buono. These vitals were pertaining 19 to 105, when she first got back.	11 looked in the system I couldn't find the one I did at 12 3:00-something.	
20 Q How can you tell that these vitals are pertaining to 21 1:05?	13 Q I see.	
22 A Because that's what time she got back, and we did 23 vitals in prebook when she got back at 1:05.	14 A So I redid the note because I couldn't find that 15 note.	
24 Remember I told you her preassessment, we do vitals 25 in prebook.	16 Q So when you redid the note at 7:12, you then put the 17 time in as 1:30; is that right?	
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1 Q Is there anything written here in this vitals note 2 that indicates that these vitals were taken at 1:05?	18 A Right, because that's what time I -- that's what time 19 I did -- I was with her from 1:05 to 1:30.	
3 A No. But when I said what time she got back, then 4 that's what time her vitals were taken, when she got 5 back into the facility in prebook.	20 Q And then turning back to where we were before for the 21 vitals, why there is the time in 3:50? This was 22 also --	
6 Q So why is the time entered here as 3:50?	23 A Where is it at?	
7 A Because that's what time -- by the time I called the 8 hospital and called Buono, that's the time I was able 9 to sit down and do the note.	24 Q I'm sorry, on MKE County 103 where it says "Time," it 25 says 3:50.	
10 Q And is there anything in the note that would allow us 11 to know now looking back that you had actually taken 12 the vitals at 1:05 and were just entering them at 13 3:50?	Page 159	
14 A Well, yeah, if you look in the "plan" section, it 15 talked about what happened and where I was when it 16 happened. So if you know she was in booking, then 17 you would know this pertains to booking. And 18 subjective, "Patient returned from hospital with 19 papers -- generic papers. No assessment of heroin 20 abuse or baby was done. Call placed to Buono about 21 patient coming back and hospital not doing anything 22 about heroin abuse. Vitals done. See vital screen."	1 A Because that's a populated time by the chart, and I 2 did not change it to 1:30.	
23 So yes, that would tell you that those 24 vitals were from when she first got there.	3 Q Okay. And then if you look below that where it goes 4 into the SOAP note on that same page and turn with me 5 to the next page, where it says "Time in 3:40"?	
25 Q We had seen a similar note on the pages marked MKE	6 A Uh-huh.	
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1 now saying was 1:30, her pulse was 85; right?
 2 A Yes.
 3 Q And how did you take her pulse? Did you do that
 4 manually?
 5 A I listened to her heart.
 6 Q Listened to her heart?
 7 A Yes, with a stethoscope.
 8 Q For a full minute?
 9 A No.
 10 Q Did you --
 11 A You don't do a full minute.
 12 Q Did you do the multiplying trick?
 13 A Yes, ma'am.
 14 Q And so how long were you listening and then what
 15 multiplying trick did you do?
 16 A We do 15 minutes -- we also have a pulse ox machine
 17 which measures her oxygen. If you look right here it
 18 says 98 percent room air. I listened to her heart, I
 19 got 84 or 86, probably. The machine said 85, so
 20 that's what I wrote down.
 21 Q The reason it's an odd number is because it came from
 22 the machine?
 23 A Yes, ma'am.
 24 Q Okay. Okay. Looking below that on page MKE County
 25 104, there is an entry at 3:29; do you see that part?

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1 A Uh-huh.
 2 Q And what is the name of -- we have talked about SOAP
 3 notes and vitals. What is this type of note?
 4 A That's the prescreening note.
 5 Q Okay.
 6 A It says right there "prescreening."
 7 Q Okay. And is this the type of note you were
 8 describing where the doctor would tell you how often
 9 this person needs rounds?
 10 A No, a prescreening note is when -- if you read this
 11 note, it talks about health transfer summary. That
 12 should have been her hospital paperwork and I have
 13 "no" there because we didn't receive any.
 14 Q So can you tell me the name of the note that should
 15 have included how frequently rounds were going to
 16 happen in the SMU?
 17 A We don't necessarily put that in a note. I mean, I
 18 can put it in a note, but it's not like mandatory
 19 that I put how often she have rounds done. That goes
 20 into the orders. That's a part of orders, that's not
 21 a part of charting.
 22 Q Okay. And orders are part of the medical record as
 23 well; correct?
 24 A Correct.
 25 Q Would you -- as the person in the screening role

1 would you be the one to enter the doctor's order for
 2 rounds into the system on behalf of the doctor?
 3 A If I'm the one that talked to the doctor. Whoever
 4 talks to the doctor gets orders. That's who enters
 5 them.
 6 Q Got it. And at any point did you -- after the
 7 delivery did you call the hospital where Ms. Terry
 8 was sent?
 9 MR. RUSSART: Object to the form. Sent at
 10 which time?
 11 BY MS. KLEINHAUS:
 12 Q Do you have that question in mind? Did you ever call
 13 the hospital -- after she gave birth, did you ever
 14 call the hospital?
 15 A No, because I didn't know what hospital they was
 16 taking her too.
 17 Q Okay. Okay. You can put that exhibit to the side.
 18 A It looks like the hospital was called, but I don't
 19 know if this was me.
 20 Q Okay.
 21 A It says here the hospital was called, but I don't
 22 know if that was me because that wasn't my
 23 assignment.
 24 Q Okay. You can put that to the side.
 25 During the time frame that you were an

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1 to attendance?

2 A Yes.

3 Q Okay. And how many occasions did you receive
4 discipline for that?

5 A I think once or twice.

6 Q Did you ever receive discipline for anything else
7 besides attendance?

8 A No.

9 Q Were you ever disciplined in connection with Ms.
10 Terry's delivery?

11 A No.

12 Q Okay. Are you familiar with the Shansky decree?
13 Have you heard of that?

14 A Yes.

15 Q How did you become familiar with that?

16 A We were told about it all the time, part of being a
17 County nurse in the jail.

18 Q What were you told about it?

19 A That the County was under rule called the Shansky
20 decree, that certain things had to be done certain
21 ways because of this decree and that we had someone
22 who was court ordered monitoring the jail because of
23 this Shansky decree.

24 Q Did you ever observe anyone at the jail conducting it
25 in the monitoring?

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1 A Yeah, the court monitor would come. The guy who they
2 had monitoring us, yeah, he came, talked to us, asks
3 us how things was going.

4 Q Okay. Were you ever told about any changes that
5 would be made as a result of the decree?

6 A No.

7 Q Earlier you mentioned that after Ms. Terry's delivery
8 you participated in a debrief about that event. Who
9 was present for the debrief?

10 A Everybody on that shift.

11 Q Okay.

12 A We did -- we did morning report. If you worked
13 upstairs, everybody in report was in the back room.
14 So if I sit here and try to tell you everybody that
15 was there, I couldn't.

16 Q Okay. So it would have been at least the five nurses
17 assigned that night; right?

18 A No, not -- no. It didn't happen at night, because
19 there was nobody there that night except the
20 supervisor and the nurses. This happened the next
21 day. Over the next day or two they just met with
22 each shift to make sure everybody was okay with what
23 happened. That is a -- an eventful thing that
24 happens, and you don't want that to happen.

25 Q Right. So what was said during the debrief?

1 A Just making sure everybody was okay. That if anybody
2 needed to go to EOP or -- you know, EAP, employment
3 assistance. If anybody needed to go there, if
4 anybody was feeling stressed about it. They just
5 wanted to make sure everybody was okay with what
6 happened and that they thought we did a good job.
7 The baby was alive, the mother was alive, they both
8 were safe on their way to the hospital, so ...

9 Q And who was it that was conducting the debriefing?
10 Like who was the one that called the meeting and was
11 doing the talking?

12 A It might have been Mr. Perry and the DOM.

13 Q And they told you they were happy because the mother
14 and the baby both survived?

15 A Correct.

16 Q Other than checking on the emotional well-being of
17 the healthcare providers, was anything else discussed
18 at that debriefing?

19 MR. RUSSART: Object to the form of the
20 question.

21 THE WITNESS: No.

22 BY MS. KLEINHAUS:

23 Q Okay. All right. This next portion I would like to
24 do under the confidential label. It relates to other
25 inmates' healthcare, so we put that as confidential

1 in the deposition.

2 (CONFIDENTIAL TESTIMONY)

3 BY MS. KLEINHAUS:

4 Q Did you have any involvement in the care of Cory
5 Kleser, who's a diabetic, at the jail in 2009? Do
6 you have any recollection of Mr. Kleser?

7 A I think I may have done a sick call on him. When and
8 how or why, I couldn't tell you.

9 Q Were you aware that he made a complaint about not
10 getting his insulin?

11 A Uh-uh, no.

12 Q Were you aware of anyone -- any healthcare provider
13 at Milwaukee County Jail ever getting disciplined for
14 failure to provide adequate care?

15 MR. KNOTT: Foundation, speculation.

16 THE WITNESS: No.

17 BY MS. KLEINHAUS:

18 Q Were you familiar with a Mr. Cowser who committed
19 suicide at the jail in 2011?

20 A Am I familiar with him? He was my sister's
21 brother-in-law -- nephew-in-law.

22 Q I'm sorry to hear that. Were you involved in his
23 medical care at the jail at all?

24 A Not really. And actually, when he died, we were all
25 out of town.

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1 Q Okay. What about a Mr. Heytens, H-e-y-t-e-n-s. He
 2 also committed suicide at the jail in 2011. Were you
 3 part of his medical care at all?
 4 A Don't remember.
 5 Q Okay. What about inmate Kwame Moore in October of
 6 2014. Were you involved in his care at all?
 7 A What --
 8 Q He complained that as a result of not receiving
 9 medical care he had testicular torsion. Do you
 10 recall that?
 11 A Oh, yeah, I recall that only because it was in report
 12 the next day. I think I may have been involved with
 13 sending him out to the hospital the next day.
 14 Q When something was in report the next day, what does
 15 that mean? What were you told about it?
 16 A There is a 24-hour board that we write everything
 17 down that happens. Night shift had wrote down what
 18 had happened during the night, so he was followed up
 19 that next morning. I think I had sick call, and I
 20 went up to see him, and I called a practitioner up or
 21 either I brought him down to the clinic, I'm not sure
 22 how it went. But either he came down or either the
 23 practitioner came up and we ended up sending him out
 24 to the hospital.
 25 Q Okay. And were you part of diagnosing to determine

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1 what was problem was?
 2 A Nurses don't diagnose.
 3 Q Fair enough.
 4 Were you aware of what his complaints were?
 5 A When I went up and saw him, he told me what his
 6 complaints was. And like I said, I called
 7 downstairs, I can't recall who I talked to, if it was
 8 a doctor or practitioner, but he was seen that
 9 morning when I called and they sent him to the
 10 hospital.
 11 Q And what was it that he was complaining of about his
 12 medical care?
 13 A He wasn't complaining about his medical care, he was
 14 complaining he had pain in his scrotum, so that's
 15 what I went up to assess.
 16 Q At any point did you determine how long he had been
 17 making that complaint without receiving care?
 18 A No.

19 MR. RUSSART: Object the form of the
 20 question; foundation.

21 BY MS. KLEINHAUS:

22 Q Are you familiar with Terill Thomas's death in
 23 Milwaukee County Jail?
 24 A When did that happen?
 25 Q April 2016

1 A I was no longer there.
 2 Q Do you have any familiarity with it?
 3 A No.
 4 Q Okay. Are you aware of the indictment of Armor
 5 Correctional in connection with that death?
 6 A No.
 7 Q And do you have any familiarity with the delivery by
 8 Shadé Swayzer at the jail?
 9 A No, I was out of town from 2015 to 2017, so anything
 10 that happened during that time I know nothing about
 11 it.
 12 Q Okay. Do you know whether that happened during that
 13 time or not?
 14 A Hmm, I said if there is anything that happened
 15 between '15 and '17, I have no knowledge of it,
 16 because I was outside of town.
 17 Q Right. I was just asking if you knew when that
 18 happened, the Swayzer delivery.
 19 A No, I didn't. That's why I said, if it was between
 20 '15 and '17, I don't know.
 21 (End of confidential portion)
 22 BY MS. KLEINHAUS:
 23 Q Okay. I think we're getting to the end here of what
 24 I have to ask you. Your counsel may have questions
 25 for you. Give me just one minute to see if there is

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1 didn't do to say whether it's accurate or not.
 2 Q Does anyone ever review, a supervisor or anyone else,
 3 whether to check for accuracy or any other purpose?
 4 A They did chart reviews.
 5 Q Who did that?
 6 A Supervisors.
 7 Q Okay. How often did the supervisor do chart reviews?
 8 A I don't know.
 9 Q I'm sorry, we're off the confidentiality.
 10 A I don't know.
 11 Q Did anyone ever talk to you about your charting?
 12 A No.
 13 Q Why do you believe that they were reviewing your
 14 charts?
 15 A Not my charts, they reviewed everybody's charts.
 16 Everybody's charts got reviewed. It wasn't personal
 17 to me.
 18 Q Yes, I understand. What makes you believe that they
 19 reviewed anybody or everybody's charts?
 20 A Because they said they did it.
 21 Q Who was tasked with doing that?
 22 A The supervisors.
 23 Q Okay.
 24 A And I think the quality nurse did it too.
 25 Q I apologize if I asked this before, who is the

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1 quality nurse in --
 2 A I don't know her name. I can't remember her name.
 3 MS. KLEINHAUS: Okay. Okay. That's all I
 4 have for you right now. The other attorneys may have
 5 questions for you. Thank you.
 6 MR. RUSSART: I'm the other attorney, and I
 7 don't have any questions for you.
 8 E X A M I N A T I O N
 9 BY MR. KNOTT:
 10 Q I just have one clarification.
 11 Ms. Exum, counsel showed you Exhibit 1,
 12 which is Defendants' Exum and Hoover's Supplemental
 13 Response to Plaintiff's First Set of Interrogatories.
 14 And the document she gave you consists of three
 15 pages, and there are no signatures.
 16 If I represent to you that there are a
 17 fourth and fifth page to that document and show you
 18 on the screen the fourth and fifth pages -- you can
 19 look at it.
 20 A That's my signature.
 21 Q And I show that on page 5 there is a signature of
 22 March 5, '18. Does that refresh your recollection --
 23 A Yes.
 24 Q -- as to reviewing --
 25 A Yes. [Case 2:17-cv-01112-JPS Filed 08/31/18 Page 47 of 63 Document 167-2](#)

1 Q -- Exhibit 1?

2 A That's correct, that's the one you had me sign.

3 MS. KLEINHAUS: Okay. Are you through?

4 MR. KNOTT: Yeah.

5 E X A M I N A T I O N

6 BY MS. KLEINHAUS:

7 Q Did you review the first three pages there before you
 8 signed?9 A I think I skimmed through the whole thing to see
 10 where my name was involved with it, because I wanted
 11 to know where my name was.

12 Yes, I did look through it.

13 Q You looked through it?

14 A Uh-huh.

15 Q Did you check it for accuracy?

16 A Yes, as much as I remember.

17 Q Did you add anything to it?

18 A No.

19 MS. KLEINHAUS: I don't have anything else.

20 THE WITNESS: Add or delete, neither one.

21 MS. KLEINHAUS: Got it.

22 (Whereupon, the proceedings concluded at

23 3:47 p.m.)

24

25

 Carla J. Van Roo
 Registered Professional Reporter
 Certified Realtime Reporter
 Notary Public

22 My commission expires May 15, 2019

23

24

25

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